

## **MEDICINES POLICY**

This policy relates to the Senior School. It should be read in conjunction with the Bootham Junior School Policy which includes details of the provision for students in the Early Years Foundation Stage.

### **1 Aim**

To ensure the safe and appropriate administration of medicines to students, appropriate record keeping and secure storage of medicines within the school to ensure the safety of others.

### **2 Introduction**

Bootham School takes the welfare of its students very seriously, recognising that it is in the interest of both the individual and the school to maintain optimal health and wellbeing. This policy outlines Bootham School's approach to the management of medicines and medical requirements for students attending Bootham School. It highlights the support that the school will provide in ensuring that any medicines are administered effectively, appropriately, and in accordance with legal requirements.

### **3 Management of over-the-counter medicines (OTC medicines)**

#### **3.1 Administration by Health Centre staff**

The Health Centre has a supply of over-the-counter (OTC) medicines. These medications do not require a prescription. These OTC medicines can be administered by Bootham School Health Centre (BSHC) staff to students with consent (See appendix 1). This list is agreed and reviewed by the BSHC team and the School Doctor, and signed-off by the Deputy Head and School Doctor.

#### **3.2 Administration by boarding staff**

The Boarding houses have a limited range of over-the-counter (OTC) medicines which staff who have received annual Administrations of Medicines training may administer out of BSHC opening hours. The Medication Administration checklist (see appendix 2) also contains the list of the medications locked in the Boarding medication cabinets. Any medicine administered will be recorded in the Boarding House Medicine Accounting book kept in the medication cabinet and a Record of Medication form (appendix 3) fully completed and given to the Health Centre promptly to avoid double-dosing the student.

#### **3.3 Students' own OTC medicines**

To ensure the safety of the whole school community, it is the school's policy that students do not keep undisclosed medicines in their bags, lockers or boarding rooms. Any students with OTC medicines should be referred to the Health Centre so that BHSC staff can assess how the medicines should be stored, dispensed or disposed of.

Any OTC medications without an English translation, will be kept locked in a cabinet in the Health Centre; students may collect them when they next journey home.

### **3.4 Administration of OTC medicines to staff**

BSHC staff may administer any OTC medicine listed in appendix 1 as required, following discussion with the individual to ascertain the reason for the medicine, relevant medical history and any allergies. BSHC staff will use their professional judgement to advise the member of staff whether to seek medical assessment via their GP or Emergency Department.

## **4 Management of prescription only medications (POM)**

### **4.1 Administration by Health Centre staff**

**Students not registered with the School Doctor** requiring a POM during the school day require a 'Parental Agreement to the Administration of Prescribed Medication' Form to be completed by a parent/guardian, who also must supply the medication in the container as prescribed by the GP and dispensed by the pharmacist, with the student's name and instructions for administration printed clearly on the label. This medication will be locked in the Health Centre drug cupboard or drug fridge during the school day. It can be collected at the end of the school day if required for further doses or is no longer required.

**Students registered with the School Doctor** who have been prescribed a medication by the School Doctor, will have their prescription collected on their behalf by a BSHC staff member from the pharmacy. This prescription will be recorded in the Health Centre medicines log book 'Medication Intake' book prior to the script being given to the Pharmacist.

Following collection, the BSHC staff member must check dispensed medication against the log book entry. Any discrepancies are to be corrected by the dispensary or the prescriber and not BSHC staff.

The student will be asked to return to the Health Centre to discuss how this medication will be administered. An assessment is made on an individual basis based on:

- (a) The type of medication eg. Controlled drug
- (b) Risk of reaction to the medication
- (c) Students' age
- (d) Requirement of review of medication efficacy
- (e) History of non-compliance

### **4.2 Self-administration**

Boarding students deemed competent to self-administer by BSHC staff will be given an agreed amount of the medication, supplied in a lockable metal tin with full verbal instruction and written information for the administration of that medication, inserted into the metal tin for reference.

### **4.3 Administration by boarding staff**

If BSHC staff deem it most appropriate for medication to be administered by trained boarding staff out of Health Centre opening hours, medication - in its original packaging

with the prescriber's instructions - is locked in the medication cabinet in the boarding houses for administration when appropriate. A record of this administered medication is made by the administering member of staff.

#### **4.4 POM from overseas**

Overseas boarding students who present at school with POM medications without an English translation will be requested to see the School Doctor to ascertain and prescribe an English equivalent. They will be requested to collect the medication from a locked cabinet in the Health Centre on their next journey home or give permission for the medicine to be disposed of by a pharmacy.

#### **4.5 POM stock**

BSHC is not permitted to hold a stock of prescribed medicines such as antibiotics or oral contraception; this includes emergency contraception (the 'emergency contraceptive pill') (BSA, 2005).

### **5 Management of prescribed controlled drugs (CD)**

- a) BSHC stores prescribed controlled drugs (CD) in a locked cupboard within a secure locked non-portable cupboard, in accordance with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended.
- b) Only the BSHC team have authorised access to hold the keys to this cupboard.
- c) Separate records for the administration of CD are kept in a bound CD record book, which is also stored securely.
- d) The balance of CD remaining is checked at each administration and shift change, when the BSHC holds a prescribed supply of CD.
- e) Unused controlled drugs, prescribed for students registered by the School Doctor, shall be returned to the original dispensing pharmacy by a member of the BSHC Team. The pharmacist along with the BSHC representative should sign the BSHC CD Book to confirm the disposal.
- f) For students not registered with the School Doctor, a parent or Guardian must collect the CD for disposal. Both parent and BSHC staff member must sign to say that this has been done. In exceptional circumstance, parents may give written instructions (this encompasses the use of e-mail and fax) for the BSHC team to organise disposal, providing that the local pharmacist is willing to assist. If not, a parent/guardian will have to proceed as above.

### **6 Consent**

#### **6.1 Parental consent**

BSHC staff will seek parental consent via the BSHC Health Questionnaire before any medicines are administered to students under the age of 16. If no consent has been received then BSHC staff will make a judgement about the ability of the student to give consent themselves. Every effort will be made to obtain parent/guardian consent. If unable to obtain verbal consent, BSHC staff may decline to administer medication. Boarding houses will be informed if medical consent for a student has not been received.

#### **6.2 Parental Consent for school education visits and trips**

Parents/guardians must sign and complete the school's parental consent form for a school educational visit and trip, which contains an explicit agreement in advance that the staff

in charge may consent to any medication/healthcare treatment which becomes deemed immediately necessary during the visit. This may also include consent for OTC medicines.

### **6.3 Student Consent**

Students aged 16 and over are presumed to be competent to give or withhold consent for surgical, medical or dental treatment, and any associated procedures, such as investigations, anaesthesia or nursing care. In line with good practice guidance, the BSHC Team will encourage competent students to involve their families in decision-making.

Students aged below 16 are not automatically presumed to be competent to make decisions about their own healthcare. However, the courts have held that a young person under the age of 16 is competent to give valid consent to a particular intervention if they have 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed' (sometimes known as 'Gillick competence'). There is not a specific age when a child becomes competent to consent to treatment: it depends both on the child and on the nature and complexity of the treatment being proposed. In line with good practice guidance, the BSHC Team will encourage children deemed 'Gillick competent' to involve their families in decision-making.

## **7 Checklist for administration of medicines**

Staff administering medicines will:

- Check the age and identity of the student
- Ensure the reason for giving the medicine is established
- Check parental consent has been given if under 16 or deem competent to self-consent
- Check for medical conditions and allergies
- Check when any previous medication was given (including remedies/herbal products)
- Check drug name, dose, maximum dose in 24 hours and expiry date
- Observe the student taking the medication
- Record appropriately when medication has been given. This will include:
  - Students name
  - The reason for medicine, i.e. mild pain
  - The name of the medicine
  - The dose
  - The date and time of administration
  - The signature of the administrator.
- Inform appropriate others: BSHC, boarding or home to prevent double-dosing
- Monitor or make provision for observing a reaction to medication or deteriorating health.

## **8 Emergency medicines**

Medicines required in a life-saving emergency should be accessible at all times:

### **8.1 Adrenaline pens**

Students with a history of anaphylaxis who have been prescribed an adrenaline pen are encouraged to carry it with them at all times. The Health Centre ensures spare named adrenaline pens are prescribed for boarders, kept in the Health Centre and in the relevant boarding house. For students not registered with the school doctor it is the responsibility of the parent/guardian to supply a named spare for storage in the Health Centre and boarding house if a flexi boarder.

All school staff receive annual in-house training on the administration of an adrenaline pen.

## **8.2 Asthma inhalers**

Students with asthma are encouraged to carry their salbutamol inhaler with them at all times. The Health Centre ensures spare named inhalers are prescribed for boarders, and kept in the Health Centre. For students not registered with the school doctor it is the responsibility of the parent/guardian to supply a named spare for storage in the Health Centre.

The Health Centre holds a salbutamol inhaler and spacer in the Emergency Grab bag in the Health Centre to be taken to any emergency on site. This can only be used for students diagnosed with asthma and prescribed salbutamol, identified by completion of the Health Questionnaire on joining the school or as the Health Centre is informed of a new diagnosis, and is placed on a Patient Specific Directive (PSD) signed by the school doctor held in the Health Centre.

## **8.3 Dextrose tablets, glucagel and glucagon**

Students with type I diabetes are encouraged to carry dextrose tablets with them at all times in case of hypoglycaemia. The Health Centre holds glucagel, and glucagon injection for these students, which can be administered intramuscularly by trained BSHC staff in the case of severe hypoglycaemia.

## **9 School educational visits and trips**

The school trip organiser requests consent from parents/guardians prior to travel, requesting Health information including current medications the student is taking. A list of OTC medicine is given for parents/guardians to consent to the trip leader and their team giving as appropriate.

Students with a diagnosis of asthma or anaphylaxis must have their prescribed salbutamol and adrenaline pens with them prior to setting off. The trip leader is responsible for checking this by seeing the medication before departure.

The parent/guardian must ensure their child has been supplied with sufficient in-date medication to attend a school trip. The trip leader may deem it unsafe for the student to participate, especially with regard to conditions such as anaphylaxis.

If a named spare of a student's inhaler or adrenaline pen is held in the Health Centre it may be taken from the Health Centre and returned to the Health Centre on their return to school.

A Record of Medication form (see appendix 3) will be completed when any medication has been administered and forwarded to the Health Centre at the earliest opportunity. This is completed for administration of OTC medicines and medicines parents/guardians have specifically requested school trip staff to administer.

## **10 Safe storage of medicines**

All medications (except emergency medications such as adrenaline pens and inhalers) will be stored securely in a locked cupboard in a room which is locked when not in use.

Students deemed competent to keep their own medicines are expected to keep them in their locked metal tin, with the key kept safely away from the tin.

Medicines requiring refrigeration will be kept in the Health Centre fridge, in a room that is locked when not in use. Long term medications (eg. Insulin) for boarding students may be kept in a lockable fridge with temperature management in the student's room.

Controlled drugs are held in a locked cupboard within a secure locked non-portable cupboard. Management is as detailed in section 5 above.

## **11 Disposal of medicines**

Any unused or expired medications in the boarding houses will be removed by BSHC staff, who will organise for them to be returned to a pharmacy for safe disposal.

## **12 Record keeping and monitoring**

BSHC is responsible for restocking supplies of medicines with the Health Centre and boarding houses.

Any medications supplied to the boarding houses will be recorded in the Boarding House Medicine Accounting books

Any medicines administered to a student by BSHC staff will be recorded in the student's individual medical record.

Stock balance of medicines in the boarding houses will be checked weekly by BSHC staff.

Record of Medication forms completed by boarding staff or on school trips are recorded in the student's individual medical record and the form filed in the student's medical notes.

**Date of last review:** February 2017  
**Person responsible:** Nurse Manager  
**Review group:** Health and Safety Committee  
**Approval group:** Governors' Committee  
**Date of next review:** February 2020

## Appendix 1

### Bootham School Health Centre Homely Remedy Protocol: for the administration of over the counter medications

- 1.1 Homely remedy protocols (HRP) are not prescriptions but protocols to enable administration of over the counter (OTC) medications in settings such as care homes, children's homes and some educational establishments. They are required for liability purposes. Hunt and Gemmill (2008) advocate their use for health care professionals practicing outside the NHS umbrella, as a safeguard from litigation, for themselves and their employers. Homely remedy protocols cannot be used for prescription only medicines (POM) including controlled drugs (CD).
- 1.2 The HRP for Bootham School Health Centre staff applies to:
  - a) Bootham Senior School students with parent/guardian signed consent on a completed Bootham School Health Centre Health Questionnaire.
  - b) Students who are 16 or over that can self-consent, if a questionnaire has not been returned by parents/guardian.
  - c) Bootham School staff.
- 1.3 The HRP for Bootham School Boarding staff applies to:
  - a) Boarding Bootham Senior School students with parent/guardian signed consent on a completed Bootham School Health Centre Health Questionnaire.
- 1.4 Any registrant using an HRP must ensure there is a written instruction that has been drawn up and agreed in consultation with other relevant qualified professionals. It is good practice for this to be a medical practitioner or pharmacist. The protocol should clarify what medicinal product may be administered and for what indication it may be administered, the dose, frequency and time limitation before referral to a GP.
- 1.5 All registrants using the protocol should be named and they should sign to confirm they are competent to administer the medicinal product, acknowledging they will be accountable for their actions.
- 1.6 The NMC (2008) considers it good practice that the employing organisation signs off all protocols.
- 1.7 The HRP for approved and authorised Bootham School Health Centre staff is found on pages 2-8. The HRP for approved and authorised Bootham School Boarding staff is found on pages 9-10.

Date of last review: January 2017

Date of next review date: January 2020

This protocol will also be reviewed on an annual basis for matters of fact and process.

*Please note: with all homely remedy treatments it is vital that further medical guidance is sought in a timely manner if an ailment or illness worsens or fails to respond to a homely remedy.*

HRP for authorised and approved Bootham School Health Centre staff

Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
Anbesol gel	Teething gel for mouth ulcers and sore gums	Not specified	Apply a small amount onto a clean fingertip & spread gently onto sore area	Topical	Use up to four times a day	Contains an anaesthetic and includes two antiseptics
<b>Anthisan cream</b> <b>Mepyramine Maleate 2% w/w (Antihistamine)</b> <b>1g of cream contains 20mg of the active substance</b>	Relief from pain, itching and inflammation caused by insect bites, stings and stinging nettle rash	2 years +	Apply directly to the affected part of the skin	Topical	Apply 2-3 times per day for up to 3 days	Do not apply to Eczema, broken, cut or grazed skin or sunburnt areas of skin. Pregnancy or breast feeding
<b>Chlorphenamine Maleate 4mg Piriton tablets</b>	Allergic conditions	6-12 years  12 years +	½ tablet (2mg)  1 tablet (4mg)	Oral	4-6 hrs Maximum daily dose: 6, ½ tablets (12mg) in 24 hours  4-6 hours Maximum daily dose: 6 tablets (24 mg) in any 24 hours	<ul style="list-style-type: none"> <li>• Pregnancy or breast feeding</li> <li>• Contains Lactose</li> <li>• Should not be used with other antihistamine containing products, including antihistamine containing cough and cold medicines</li> </ul>



Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
Chlorphenamine Maleate suspension, Piriton suspension, contains: 2 mg per 5 ml	Allergic conditions	6 - 12 years	5ml (2mg)	Oral	4-6 hourly. Maximum daily dose: 30ml (6x5ml tsp -12mg) in 24 hours	<ul style="list-style-type: none"> <li>• Pregnancy or breast feeding Contains Lactose</li> <li>• Piriton Syrup contains 2.36 g of sucrose per 5 ml. This should be taken into account in patients with diabetes mellitus</li> <li>• Should not be used with other antihistamine containing products, including antihistamine containing cough and cold medicines</li> </ul>
		12 years +	10ml (4mg)		4-6 hourly. Maximum daily dose: 60ml (12 x 5ml tsp -24mg) in 24 hours	
E45 cream	To treat & soothe dry, itchy, flaking & chapped skin.	All ages	Apply liberally to the affected part of skin	Topical	Apply 2-3 times daily as required	Do not use if allergic to any of the ingredients Can be used for Eczema

Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
<b>Gaviscon liquid</b>	To suppress Gastric/ oesophageal reflux and to treat heartburn and indigestion	6-12 years 12 years +	5-10 mls 10-20 mls	Oral	After meals and at bedtime	<ul style="list-style-type: none"> <li>Allergy/hypersensitivity to any of the ingredients,</li> <li>Sodium restricted diet</li> <li>Not within 2 hours of taking other medicines</li> <li>Undesirable effects: <u>Very rarely</u> (<math>\leq 1/10,000</math>) patients may develop allergic symptoms such as: urticaria (rash: nettle-sting like) or bronchospasm (breathing difficulties), and / or anaphylactic reactions</li> </ul>
<b>Ibuprofen 200mg</b>	Mild to moderate pain Inflammation of soft-tissue injuries Pyrexia with discomfort	10-12 years 12-18+ years	300mg (1 tablet and 5ml suspension) 300mg - 400mg (1 tablet and 5ml suspension or 2 tablets)	Oral - give with food	4-6 hours Max 6 tablets in 24 hours	<ul style="list-style-type: none"> <li>Asthma, stomach ulcer, perforation or bleeding, allergy to Aspirin</li> <li>Should avoid being given to children under 12 years</li> <li>Avoid in the first 6 months and do not give in last 3 months of pregnancy</li> </ul>

Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
Ibuprofen gel 5% w/w	Relieves pain and inflammation of muscular, rheumatic pain, sprains and strains	14 years + (unless instructed by a doctor)	Apply 5-10 cm of gel (50mg - 100mg) into the affected area until it absorbs into the skin	Topical	4-6 hours Max 4 times in 24 hours	<ul style="list-style-type: none"> <li>• Asthma</li> <li>• Taking aspirin</li> <li>• Pregnant or breast feeding</li> <li>• Broken skin, or use near lips or the eyes</li> </ul> plasters or dressings NOT REQUIRED over the gel  <u>Do not give with oral Ibuprofen as this would exceed the safe prescribe dose</u>
Ibuprofen suspension, Calprofen suspension contains: 100 mg per 5 ml	Mild to moderate pain Inflammation of soft-tissue injuries Pyrexia with discomfort	3+ months 8-12 years +	10ml (200mg)	Oral - give with food	6-8 hours Leave at least 4 hours between doses Max 3 doses in 24 hours	<ul style="list-style-type: none"> <li>• Asthma, stomach ulcer, perforation or bleeding, allergy to Aspirin</li> <li>• Should avoid being given to children under 12 years</li> <li>• Avoid in the first 6 months and do not give in last 3 months of pregnancy</li> </ul>
Magnesium Sulphate paste	A drawing ointment for boils & carbuncles	Not specified	Apply liberally to the affected area and cover with a dressing	Topical	Do not use regularly	Do not use if allergic to any of the ingredients

Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
<b>Olbas Oil</b>	To use for the relief of bronchial & nasal congestion, hayfever and minor infections of the airways by inhalation.	2 years +	Add 2-3 drops on a tissue and inhale the vapours or added to hot water and vapours inhaled	Inhalation	Not specified	Do not use if pregnant or breast feeding If this comes into contact with the skin it may cause hypersensitivity such as a rash or stinging sensation
<b>Paracetamol 500mg</b>	Mild to moderate pain Pyrexia with discomfort	11-14 years  15-16 years  17-18+	500mg (1 tablet)  750mg (1 ½ tablets)  750mg-1000mg (1 ½ or 2 tablets)	Oral	4-6 hours Up to 4 doses in 24 hours	Liver or Kidney disease or if on Warfarin, Colestyramine for high cholesterol
<b>Paracetamol 500mg soluble tablets</b>	Mild to moderate pain Pyrexia with discomfort	12-14 years  15-16 years  17-18+	500mg (1 tablet)  750mg (1 ½ tablets)  750mg -1000mg (1 ½ or 2 tablets) dissolved in a full glass of water	Oral	4-6 hours Up to 4 doses in 24 hours	<ul style="list-style-type: none"> <li>• Liver or Kidney disease or if on Warfarin, Colestyramine for high cholesterol</li> <li>• Should <u>not</u> be given to children under 12 years of age</li> </ul>

Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
Paracetamol suspension, Calpol Six Plus, contains: 250 mg per 5 ml	Mild to moderate pain Pyrexia with discomfort	6-11 years  12-14 years 15-16 years 17-18+	5 to 10 ml (250 -500 mg paracetamol) 10ml (500mg) 15ml (750mg) 15 or 20ml (750mg - 1000mg)	Oral	4-6 hours Up to 4 doses in 24 hours	Liver or Kidney disease or if on Warfarin, Colestyramine for high cholesterol
Simple Cough Linctus	To relieve dry, irritating cough	12 years +	1x5 ml	Oral	6 hourly Max 4 times daily	Harmful for those suffering from alcoholism
Sudafed, contains: Pseudoephedrine hydrochloride 60mg	Decongestant; to help clear blocked nose and hay-fever symptoms	12 years +	1 tablet	Oral	Up to 4 times a day	Do not take: <ul style="list-style-type: none"> <li>• If you have Diabetes, heart disease, glaucoma, overactive thyroid, prostate problems</li> <li>• If you are taking drugs for depression or high blood pressure</li> </ul>

**Bootham School Health Centre HRP approved and authorised by:**

<b>Name of HRP approver</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>
Francis Eyre	General Practitioner		
Suzanne Hall	Deputy Head		

**Bootham School Health Centre Staff, who have received the appropriate Nurse or HCA training, are approved and authorised by the above named School Medical officer and Deputy Head Teacher to administer the above listed OTC medications under the remit of this HRP.**

**NOTE: Signed original is held in the Bootham School Health Centre.**

<b>Name of HRP registrant</b>	<b>Signature</b>	<b>Date</b>
Melanie Carter		
Rosa Di Lorenzo		
Kerry Harrer		
Alice Ovenden		
Christine True		

HRP for authorised and approved Bootham School Boarding Staff

Medicine	When to be used	Age	Dose	Route of administration	Frequency per 24 hours	Exclusions and contraindications
Gaviscon liquid	To suppress gastric/ oesophageal reflux and to treat heartburn and indigestion	6-12 years Over 12 years	5-10 mls 10-20 mls	Oral	After meals and at bedtime	<ul style="list-style-type: none"> <li>Allergy/hypersensitivity to any of the ingredients,</li> <li>Sodium restricted diet</li> <li>Undesirable effects: <u>Very rarely</u> (<math>\leq 1/10,000</math>) patients may develop allergic symptoms such as: urticaria (rash: nettle-sting like) or bronchospasm (breathing difficulties), and / or anaphylactic reactions</li> </ul>
Paracetamol 500mg	Mild to moderate pain Pyrexia with discomfort	11-14 years 15-16 years 17-18+	500mg (1 tablet) 750mg (1½ tablets) 750mg-1000mg (1½ or 2 tablets)	Oral	4-6 hours Up to 4 doses in 24 hours	Liver or Kidney disease or if on Warfarin, Colestyramine for high cholesterol
Paracetamol 500mg soluble tablets	Mild to moderate pain Pyrexia with discomfort	12-14 years 15-16 years 17-18+	500mg (1 tablet) 750mg (1½ tablets) 750mg -1000mg (1½ or 2 tablets) dissolved in a full glass of water	Oral	4-6 hours Up to 4 doses in 24 hours	<ul style="list-style-type: none"> <li>Liver or Kidney disease or if on Warfarin, Colestyramine for high cholesterol</li> <li>Should <u>not</u> be given to children under 12 years</li> </ul>
Paracetamol suspension, Calpol Six Plus contains: 250 mg per 5 ml	Mild to moderate pain Pyrexia with discomfort	6-11 years 12-14 years 15-16 years 17-18+	5 to 10 ml (250 mg - 500 mg paracetamol) 10ml (500mg) 15ml (750mg) 15 or 20ml (750mg -1000mg)	Oral	4-6 hours Up to 4 doses in 24 hours	Liver or Kidney disease or if on Warfarin, Colestyramine for high cholesterol

**Bootham School Health Centre HRP approved and authorised by:**

Name of HRP approver	Designation	Signature	Date
Francis Eyre	General Practitioner		
Suzanne Hall	Deputy Head		

**Bootham School Boarding Staff, who have received the appropriate training, are approved and authorised by the above named School Medical officer and Deputy Head Teacher to administer the above listed OTC medications under the remit of this HRP.**

**NOTE: Signed original is held in the Bootham School Health Centre.**

Name of HRP registrant	Signature	Date
Emily BINKS		
Carol CAMPBELL		
Felix CHARTERIS		
Rob GARDINER		
Emily HARPER		
Kieran JONES		
Fiona KEMP		
Megan LAWRENCE		
Kelly McCARTHY		
Scott McSWAYDE		
Thomas NASH		
Mandy NAYLOR		
Russell NEWLANDS		
Graeme RAINEY		
David SWALES		
Kitty WILSON		
Angela WOODS		



## Appendix 2 Medication Administration Checklist

Before the administering of any over-the-counter medicines (OCM) as per the school's Homely Remedy Protocol (HRP) for boarding staff:

1.	Always check the consent and allergies list provided
2.	Is there consent for administering this or any medication? If 16 or over the student can self-consent.
3.	Do they have any allergies or sensitivities to the medicine you are about to administer? Check the allergy list provided
4.	a) Have they taken any over-the-counter medication, herbal or Chinese recently (within the last four to six hours)?  b) If YES what was taken, at what time and at what dosage? If they are unsure or you have any doubts DO NOT administer. Check the boarding record book and Medicine Accounting record for any recent entries.
5.	Are they able to swallow tablets? Offer soluble or liquid alternative if unable.
6.	Check the dose. Always follow the medication guidance leaflet guidelines.
7.	Always observe the individual swallow the medication you are signing to say you have given.

Check

- RIGHT PERSON
- RIGHT MEDICATION; in date
- RIGHT DOSE; for the age
- RIGHT TIME; time last taken, number of doses had that day

Complete the appropriate Medicine Accounting record for the medication administered.

Example:

	Date	Time	Student name	No. of sachets given	Reason for administration	Health Centre informed? Y/N	Staff initials	Number of sachets remaining
1	17/01 /2016	14.30	Another Student	2	Headache	Yes	HC	10

**Once administered fully complete the Record of Medication form and inform the Health Centre;** complete in black ink, a clear, accurate and immediate record of all medicine administered, ensuring the signature is clear and legible.

CONTENTS OF MEDICATION CABINET Do not add or take away any medications stored within this cabinet.

1. Paracetamol 500mg
2. Paracetamol soluble 500mg
3. Paracetamol suspension (Calpol 250mg/5ml) sachets
4. Gaviscon liquid (10ml) sachets

*BShC March 2016 Only Residential Boarding staff who have been appropriately trained and are named in the Bootham School Homely Remedy Protocol can administer the above listed medications.*

## Appendix 3 Record of Medication Form

*please complete in black ink*

Student's name	
Date of birth	
Have you consulted the Medication Administration Checklist?	
Date	
Time	
Name of medication	
Dose given	
Reason	
Reactions?	
Signature of staff member	
Print name	

For the use of recording medication given by

- **All residential boarding staff** administering over-the-counter medicines (OCM) as per the school's Homely Remedy Protocol (HRP) for boarding staff.
- **All school staff on off-site visits** for students whose parents have specifically requested that school staff hold and administer their son/daughter's medication/s.

**Please note:** if a parent entrusts the medication to their son/daughter's care and does not seek specific staff involvement, the student is deemed to be self-administering and as such no record is required other than what the parent/guardian has entered on the school's School Visits Parental Consent Form.

To ensure continuity of care and prevent accidental overdosing;

- For Boarding Staff **on the morning of, or just after the medication was given**, Place completed forms in an **envelope marked 'confidential'** and hand in to the Health Centre within surgery opening times or place in the Staff Room Health Centre/Lodge Mail Tray; **or at the end of** any School off-site visit.

NOTE: This form is not to record first aid care; such treatment must be recorded on one of the school's Accident Forms. Please refer to the First Aid Policy for additional information.