ADMINISTRATION OF MEDICINES BY FELSTED SCHOOL MEDICAL TEAM

WHOLE SCHOOL
INCLUDING EYFS AND BOARDING

Governors' Committee normally reviewing:	Senior Leadership Team
Date last formally approved:	Autumn Term 2025
Date policy became effective :	January 2010

Period of Review:	Annually
Next Review Date :	Autumn Term 2026

Person responsible for implementation and monitoring :	**Senior Deputy Head** Lead School Nurse
Other relevant policies :	● First Aid Policy ● Medication Policy ● Anti-Bullying Policy ● Restrictive, Interventions including Use of Reasonable Force Policy ● Death of a Child Policy ● Equality Policy ● Sex and Relationship Education Policy ● Health and Safety Policy

	• Safeguarding (Child Protection) Policy • Staff Behaviour Policy

The following Policy encompasses the Aims and Ethos of the Whole School

Aims and Ethos

SAFEGUARDING STATEMENT
Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its Safeguarding (Child Protection) Policy and the Staff Behaviour Policy.

EQUAL OPPORTUNITIES STATEMENT
The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their race, sex, disability, religion or belief, sexual orientation, gender reassignment or pregnancy or maternity; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.

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Glossary of Terms

IHCP-Individual Healthcare Plan

GP- General Practitioner

CD- Controlled Drug

1. ADMINISTRATION OF MEDICINES

1.1. This policy and the School's administration of medicines is informed by relevant professional guidance on medicines governance processes, including guidance from the Royal Pharmaceutical Society and the Royal College of Nursing.

1.2. Prescribed medicines are the property of the pupil to whom they have been prescribed and dispensed.

1.3. Medicine must be administered to the pupil whose name appears on the label and according to the prescriber's instructions. These instructions are indicated on the pharmacy label. At each administration, medicine must be recorded and signed for.

1.4. For EYFS pupils Paracetamol 120mg/5ml Oral suspension will only be administered with parental permission and authorised by a school nurse from the Medical Room or Medical Centre. Parents will be informed by email when a pupil receives medication.

1.5. Parental permission is required before any Prep School child can receive medication from medical room staff. Consent is taken on entrance to the prep school. Parents have the right to remove consent at any time and should inform medical room of any changes.

1.6. Parents in the Prep School will be informed by email if their child receives medication in the afternoon.

1.7. Non-prescribed medicines will not have a pharmacy label so should be administered in conjunction with the Individual Healthcare Plan (IHCP) or homely remedy policy as appropriate plus any specific instructions for administration in medicine's Patient Information Leaflet.

1.8. Potential allergies must be checked before administration. It is the parent's responsibility to inform the school of any known allergies. The School Nurse will be responsible for ensuring that this information is shared appropriately with staff in school.

1.9. Medicine should never be pre-dispensed or dispensed for another person to administer.

1.10. Medication must not be transferred from one container to another.

1.11. If there is any query or concern regarding a pupil's medicine, then that medicine should not be given and the School Nurse or prescriber must be consulted immediately.

1.12. The label on the container provided by the pharmacist must not be altered under any circumstances. If the label becomes detached from the container or is illegible, the medicine must not be given. The School Nurse must be contacted for advice and instruction from the supplying pharmacist must be sought. A new supply must be requested.

1.13. The 6 Rights of Administration must be applied.

- The identity of the pupil must be ascertained. This must be checked with the name on the medicines record, their photograph, the

pharmacy label on the medicine and by addressing the pupil by name. (RIGHT PUPIL)

- The name, form and strength of the medicine must be checked during the administration process i.e. the pharmacy label on the medicine should be compared with the medicines record. (RIGHT MEDICINE)
- Medicine should be given at the time indicated on the medicines record. If medicine is administered more than one hour either side of the time stated, advice may need to be sought from the School Nurse or GP before the medicine is administered. (RIGHT TIME)
- The dose of medicine must be administered in accordance with the prescriber's instructions. Again, reference must be made between the medicines record and the pharmacy label to ensure this. If there is any discrepancy between the dose on the medicines record and that stated on the label, advice must be obtained from the School Nurse or GP before the medicine is given. (RIGHT DOSE)
- Each medicine must be administered in its prescribed form i.e. tablet, capsule, patch, inhaler etc. and by the prescribed route i.e. oral, sublingual, topical etc. (RIGHT ROUTE).
- The pupil's RIGHT to REFUSE must be respected.

1.14. It is essential that administration of medicine and subsequent signing of the medicines record is completed for one pupil before selecting medicines for the next.

1.15. A diary or prompt sheet should be used to ensure all pupils who require medicines receive them at the correct time.

1.16. For medicines with a limited expiry, containers of the medicine should be marked with the date of opening and / or date of expiry e.g. eye drops, creams, liquids.

1.17. Medicine must not be left unattended with the pupil. The trained staff member should remain with the pupil until administration is complete.

1.18. Medicine should not be opened or prepared until the pupil is ready to accept it.

1.19. For application of creams and ointments, disposable gloves must be worn.

1.20. Medicine should <u>not</u> be given if:

- The medicines record is missing or is difficult to read
- The pharmacy label is missing or is difficult to read
- A significant change in the physical or emotional condition of the pupil is observed
- The 6 Rights of Administration cannot be verified
- The pupil has queries about the medicines e.g. colour, size, shape, consistency of liquids etc
- There are any doubts or concerns

In these situations, the medicine should not be given until advice has been sought from the School Nurse who may need to contact the original prescriber.

1.21. Medicine must never be crushed, broken or mixed with food and drink unless it is designed for that purpose or specific directions have been given to do so, in writing, by the prescriber and this has been documented in the pupil's IHCP.

1.22. All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used. This must be held at eye level for accurate dose measurement. For doses of less than 5ml, an oral syringe should be provided for measurement of the dose.

1.23. All bottles of liquid should be wiped after use.

1.24. Pupils who are self-administering:

1.24.1. Pupils should not hold over the counter medication, unless approved by the Medical Centre

1.24.2. Pupil's that have been prescribed medication (e.g. antibiotics) from the school doctor will be assessed for their competency in self-medicating

1.24.3. If approved, all medication should be kept in a locked drawer

2. TRAINING

2.1. Medicine may only be administered by designated staff who will only administer medicine when it is within their competence and within the parameters set out in this policy and when authorised to do so by the School Nurse.

2.2. All staff who administer medicines must have had training by the school nurses and been signed off as competent to administer medication as instructed by the medical centre. Competence of staff must be assessed at least annually or more frequently if required e.g. following an incident or error.

2.3. Advice on medicine issues, policies and procedures should be sought from a pharmacist in conjunction with the school GP and school nurses.

2.4. Medicine reviews will be performed by the GP or other healthcare professional, and staff must be aware of potential changes to a pupil's medication regime.

2.5. Staff must be aware of the medicines they are administering and the consequences of administration and non-administration. Full consideration must be given to whether the best outcomes are being achieved for pupils.

2.6. Staff must be mindful of the arrangements that must be in place for medicines that need to be given at specific times to ensure the dose interval is appropriate.

2.7. Staff are responsible for monitoring the effects of the medicines they administer and taking action if a pupil's condition changes.

3. RECORDS AND RECORDING

3.1. All medicines for Pre-Prep are held in the Pre-Prep medical room, signed in by the parent/carer. All medicines brought into The Prep school must be taken to the Medical Centre accompanied by a letter or completed form from the parent giving full instructions including when the last dose was given, where appropriate. If a pupil is bringing the medication on school transport, an email should be sent to the medical centre giving clear instructions.

3.2. Medicines received into school must be recorded on arrival and recorded when distributed to the boarding houses.

3.3. Records must be kept of all medicines administered to pupils including what, how and how much was administered, when and by whom. Any side effects of the medication should be noted. A record must also be made for non-administration e.g. refusal.

3.4. The medicines record must contain an up-to-date record of all medicines administered. After each administration, the trained staff member should sign the medicines record to verify that the medicine has been administered. This must occur **immediately** after the medicine has been administered but after witnessing that the pupil has taken it. A code or explanation must be used for non-administration.

3.5. Medicines records should be signed in black ink. If a mistake in recording is made, a single line should be made across the incorrect entry and a new clearly legible entry made.

3.6. For pupils with a long-term condition, an individual healthcare plan (IHCP) will be developed with parents, the pupil and School Nurse. This will be reviewed annually.

3.7. An up-to-date sample signature and initials list should be kept for those staff eligible to undertake medicine administration.

3.8. For medicines that are administered regularly, but infrequently - e.g. monthly or every 3 months, a system must be in place to record when these medicines are due. This may include marking the relevant box on the medicines record for monthly items and recording the date in the diary to remind staff e.g. for 3-monthly medicines.

3.9. The School Nurse must be informed of any unusual incidents e.g. medicine given out of the time frame, refusal etc.

3.10. Discontinued medicines may only be documented on the medicines record by the School Nurse.

3.11. All entries must be written clearly, unambiguously and with no abbreviations.

3.12. An audit trail of medicines needs to be maintained i.e. a record of all medicines received, administered and returned.

3.13. Matrons will provide a record of all medicines leaving and returning to school with pupils on day trips, residential visits and sporting activities. An in/out log must be used.

3.14. For pupils who have more than one medicines record, these must be labelled 1 of 2, 2 of 2 etc

3.15. Any changes to medication made by the prescriber by phone can only be accepted if it is supported in writing (secure email) before the next or first dose is given. The records (and IHCP if appropriate) must be updated as soon as possible (usually within 24 hours).

3.16. A gap monitoring system should be in place to ensure medicine has been administered and signed for and action taken if a member of staff consistently fails to record the administration of medicines. Any discrepancies and the remedial action taken must be documented.

3.17. Medicines records must be kept with the individual medical records and retained for the time specified by the regulator and thereafter destroyed securely. This is currently advised at 25 years of age or 10 years after leaving the school.

3.18. The Controlled Drugs register must be used when Controlled Drugs are received into the school, administered or returned to the parent/pharmacy.

4. CONTROLLED MEDICATION

4.1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for use by children, e.g. methylphenidate (Ritalin).

4.2. Any authorised and trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

4.3. A pupil who has been prescribed a controlled drug may legally have it in their possession if deemed Fraser Competent, however Felsted does not allow pupils/children to **self-administer** controlled drugs to ensure the safety of the whole school community.

4.4. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

4.5. Controlled drugs (CDs) are subject to safe custody and must be stored in a locked receptacle such as an appropriate CD cabinet. The key to this cabinet must be securely stored and only accessible to staff authorised to have access to it. CDs must be administered in a timely fashion in line with relevant legislation and local standard operating procedures.

4.6. Record Keeping For Controlled Drugs – Legal Requirements

Paper Controlled Drug Register (CDR) will be kept in a bound book format There must be a separate page for each strength & form of an individual drug Each page must specify the name, strength and form of the drug at the head of the page and all of the entries on that page must relate to that drug only Each entry must be in chronological order Each entry must be legible and written in indelible ink If a mistake is made then it should be crossed through with a single line so that it can still be read The CDR must be kept on the premises to which it relates The CDR must be available for inspection by an authorised person.

4.7. House staff will be given annual training on the administration and safe storage of Controlled Drugs.

4.8. All pupils requiring CDs **must** have a consultant's letter stating diagnosis, medication prescribed and dosage before it can be administered. Any changes to medication must be accompanied by a letter from their consultant.

4.9. If the pupil is under the care of a Private Specialist and is registered with the School Doctor, a Shared Care Agreement needs to be set up with the School Doctor before they will agree to prescribe the medication and monitor the pupil during term time.

4.10. All CDs must be in the original packaging, with a pharmacy label including Name and correct dosage.

4.11. International pupils bringing CDs with them also need to have a consultant's letter and shared care agreement set up and this should be done prior to the pupils' arrival in the UK. If the medication is not an EU recognised medication a UK alternative will need to be prescribed.

5. CHOICE AND CONSENT

5.1. Medicine may not be administered without consent.

5.2. All pupils should be given the choice to take or refuse medicines, and their dignity and independence should be maintained at all times.

5.3. If a pupil refuses to take medicine, they should not be forced to do so but staff should follow directions in the pupil's IHCP. The School Nurse should be informed who will in turn inform the pupil's parents and GP so that alternative options can be considered.

5.4. Non-prescription and prescription medicines should only be given if parents/guardians have provided written consent (for under 16's). Over 16's will provide their own consent.

5.5. When the pupil joins the school, parents will be requested to complete a questionnaire outlining any past medical history, current medical issues and treatment, any known allergies and past immunisations. In addition, parental consent will also be requested for administration of routine vaccines and over-the-counter medicines.

5.6. Parents will be requested to update their parental consent at the beginning of the autumn term detailing any treatment or changes that have occurred in the school holidays.

5.7. For medicines prescribed during the school term, it is good practice to inform parents/ guardians that they have been prescribed, and every effort made to encourage pupils to involve their parents whilst respecting their right to confidentiality. Fraser competence guidelines should be followed for under 16s without parental consent.

6. COVERT ADMINISTRATION

6.1. Disguising medicines in food and drink is generally not permitted.

6.2. In exceptional circumstances, covert administration of medicines (disguising medicine in food or drink) may be necessary but is only permissible where the patient lacks capacity **and** it is in that patient's best interest. Refer to Mental Capacity Act Code of Conduct.

6.3. Before covert administration of medicines can proceed, there must be an assessment of capacity undertaken followed by a best interest meeting. A decision will then be made on whether to administer the medicines covertly. If this is agreed, a plan should be developed on how to safely administer the medicines covertly. A date should be set for review.

6.4. The decision, action taken and details of all parties concerned should be documented in the care plan and reviewed at appropriate intervals. The signature from the GP must be obtained, the Pharmacist must be updated of the intention to administer the medicine covertly and DoLS must be informed.

6.5. It should be noted that if a pupil requests that their medicine is added to food or drink, this is not “covert” as they are fully aware that the medicine is being administered to them.

7. PRN MEDICINES

7.1. PRN (when required) medicines must be given in accordance with the prescriber’s instructions, details of which should be recorded in the pupil’s IHCP and on the PRN protocol. The PRN protocol should be pupil-centred and focus on outcomes. Details should include the name and reason for the medicine, dosage criteria i.e. how and when the medicine should be given, how often it may be repeated and any maximum quantity that may be administered in a 24-hour period. Details should also include how the decision is reached about when and how to give the medicine, any actions taken prior to administration, expected outcomes and follow up actions.

8. ALTERNATIVE / HOMEOPATHIC MEDICATION

8.1. This can only be given if accompanied by detailed instruction on all aspects of the drug. The Medical Centre needs to be notified and as long as there is agreement with the School Doctor then the medication may be administered. A risk assessment should be filled in and signed by the parent, HM, school nurse and pupil.

9. REFERENCE SOURCES

9.1. The Medical Centre should have access to a copy of the Children’s British National Formulary (CBNF) which is less than 2 years old, to use as a reference source.

9.2. Patient Information Leaflets are supplied with medicines. These also provide a useful reference source.

10. MEDICINE ERRORS AND SAFEGUARDING

10.1. Felsted School recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. If a mistake occurs, this must IMMEDIATELY be reported to the School Nurse so as to prevent any harm to the pupil. There must be no concealment or delay in reporting the incident.

10.2. Advice must be sought from the school nurse who will contact the GP/ emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately. The pupil must be observed and monitored for side effects and emergency action taken if required. The parents must be informed immediately.

10.3. All medication errors, incidents and near misses must be fully and carefully investigated and documented by the School Nurse to determine the root cause and action taken as appropriate. Detailed audits must be carried out on a regular basis and used in school briefing meetings to improve practice.

10.4. The Head should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. All medicine errors must be reported to the School Nurse initially and forwarded to the Head.

10.5. If the School Nurse believes an error/ incident could be a safeguarding issue as defined below, they should report to the local safeguarding team.

10.6. A safeguarding issue in relation to managing medicines could include

- Deliberate withholding of a medicine without a valid reason
- Incorrect use of a medicine for reasons other than the benefit of a pupil
- Deliberate attempt to harm through use of a medicine
- Accidental harm caused by incorrect administration or a medicine error

This list is not exhaustive.

10.7. Accurate details of any medicine-related safeguarding incidents must be recorded as soon as possible so that the information is available for any investigation and reporting. The GP must be informed straight away.

ANNEX 1: LIST OF APPENDICES (Kept in Medical Centre).

Stewart House Medical Protocol

Appendix 1	AGREEMENT TO ABIDE BY MEDICATION POLICY
Appendix 2	FORM FROM PARENT ACCOMPANYING MEDICATION
Appendix 3	AUDIT TRAIL OF ALL MEDICATION RECEIVED
Appendix 4	AUDIT TRAIL OF ALL MEDICATION RECEIVED BY HOUSE MATRONS
Appendix 5A	FRIDGE TEMPERATURE RECORD
Appendix 5B	ROOM TEMPERATURE RECORD
Appendix 6	INDIVIDUAL HEALTHCARE PLAN
Appendix 7A	HOMELY REMEDY POLICY (***See also Annex 2 of this Policy***)
Appendix 7B	HOMELY REMEDY AUTHORISED STAFF LIST
Appendix 8	ACCOUNTABILITY OF HOMELY REMEDIES
Appendix 9	PRN PROTOCOL FELSTED
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Appendix 22	ADRENALINE AUTO-INJECTORS IN SCHOOLS GUIDANCE

Appendix 23 STATUTORY GUIDANCE ON SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Appendix 24 TOPICAL MEDICINES ADMINISTRATION RECORD

Appendix 25 PRE PREP STEWART HOUSE MEDICAL PROTOCOL

ANNEX 2: HOMELY REMEDY POLICY

Homely remedy medicines refer specifically to non-prescribed medication agreed for safe administration by the Felsted School Medical Officer. For the safe administration of the following home remedies, staff must understand and accept the following uses, contra-indications, side effects and dosage. Members of staff administering these medicines, must check pupil's identity, age, any known allergies, medical conditions and if any medication, in the previous 4 hours, has been taken.

All medication is noted in the patient's health records stating dosage, time and signature of nursing staff.

Some Homely remedies are stocked by the School.

If a parent has supplied a Homely remedy (from the agreed list) then that product must be used for that student only.

DRUG	INDICATIONS FOR USE	DOSE and USAGE	CONTRA-INDICATIONS	SIDE EFFECTS
ACYCLOVIR CREAM	For cold sores	Topically, every 4 hours for 5-10 days	Avoid contact with eyes and mucous membranes	Stinging, burning, erythema, itching, drying skin
AFTER SUN LOTION	For sunburn, non-blistered	Topically, as required	Do not use on broken or blistered skin	None unless allergic to ingredients
ALOE VERA LOTION	For minor burns and sunburn.	Topically as required	Do not use on broken skin.	None
ANTHISAN CREAM	Itching skin, bites, stings, nettle rash	Apply directly to site 2-3 x daily	Eczema broken skin	None
ARNICA CREAM	For bruises	Topically, as required	Known allergy	Skin rash
AQUEOUS CREAM	For dry skin conditions	Topically, as required	None	None
BURN GEL	For superficial burns, scalds, non- blistered	Topically, as required	Do not use on broken or blistered skin or on chemical burns	None unless allergic to ingredients
CALAMINE LOTION	Lotion used to treat itching caused by chickenpox.	Topically, as required.	Sensitive skin	None unless allergic to ingredients.

DRUG	INDICATIONS FOR USE	DOSE and USAGE	CONTRA-INDICATIONS	SIDE EFFECTS
CETIRIZINE	Allergic reactions, hayfever, skin rashes, insect bites, urticaria	12 years: 10mg tablets, once a day. 6-12 years: 5mg twice a day. 2-5 years: 2.5mg twice daily	Not recommended for people with renal impairment or Epileptics.	Drowsiness, Headache, dizziness, dry mouth, diarrhoea.
CHLORPHENAMINE (tablets and syrup)	For allergic reactions, hayfever, insect bites, urticaria and allergic conjunctivitis	>12 years: 4mg, every 4-6 hours. Max 6 tablets daily 2-5 years: 1mg every 4-6 hours; max 6 mg per day. 6-12 years: 2mg, every 4-6 hours	Pregnancy, breastfeeding. Avoid alcohol. Do not take if using MAOI (antidepressants) drugs	May cause drowsiness, advise re: operating machinery / driving
EYE WASH (0.9% normal saline)	For eye irrigation, including removal of foreign body	Single pod use or irrigation from a 500ml bottle	None	None
Hydrocortisone 1% cream	bites and stings	apply sparingly up to twice a day. To be used is Anthesan not available	Do no use on broken skin, eyes or face	None
HEARTBURN RELIEF Peptac.	For relief of heartburn and indigestion	>12 years: take 2-4 five ml spoonfuls, after meals and at bedtime. Avoid other meds 1-2 hrs either side of taking this. 6-12 years: 1-2 five ml spoonfuls as above	Those patients taking meds for epilepsy. Consult bottle label for further contraindications	Constipation, wind, stomach cramps, burping
IBUPROFEN (tablets or suspension)	For analgesia (headaches, dysmenorrhea, toothaches, muscular injuries etc) and anti-inflammatory properties	<12 years: 200mg 10-11 years: 300mg 7-9 years: 200mg 4-6 years: 150mg To be taken 6 hourly (3 x day) with or after food	Patients with asthma at school unless documented otherwise Known allergy to aspirin, stomach ulcers or stomach disorders Children with Chickenpox	Hypersensitivity reactions. Stomach pain, nausea, indigestion. Skin rashes, itchy. Blood disorders, kidney / liver disorders. Dizziness, headaches, hearing disturbances

DRUG	INDICATIONS FOR USE	DOSE and USAGE	CONTRA-INDICATIONS	SIDE EFFECTS
IBUGEL (Ibuprofen gel)	For localised muscular pain or discomfort	5% gel, topical application up to 3 times a day, gentle massage into area. Avoid sun exposure and occlusive dressings.	As above. Avoid use pregnancy. (not for concurrent use with Ibuprofen tablets/suspension)	Skin rashes
LORATADINE	Allergic reactions, hay fever, skin rashes, insect bites, urticaria	>12 years: 10mg tablets, once a day. Under 30kg: 5mg tablets, once a day	Use in caution with patients with known urinary retention	May cause drowsiness. Caution with epilepsy
MAGNESIUM SULPHATE PASTE	Drawing out foreign bodies such as splinters.	Apply paste to splinter area. Cover for 24 hours.	Known allergy to Magnesium Sulphate	
MENTHOL AND EUCALYPTUS INHALATION	For symptomatic relief of coughs, colds and blocked noses	Add 5ml to approx. 550ml of hot water and inhale the vapour using the steam inhaler	Not to be used for asthmatics	None
MOUTH ULCER GEL	For simple mouth ulcers	Topical application, three times a day. Wash hands before and after use	Avoid eyes	Numbness
OLIVE OIL	For softening of earwax, without infection	Warm to room temperature Lie with the affected ear uppermost for 5-10mins.Use up to 7 days	Known infection	
PARACETAMOL (tablets and suspension)	Mild to moderate pain Pyrexia	<12 years: 500mg 13-16 years: 750mgs Adult and over 16 years: 1gm 2-6 years: 240mg 6-8 Years: 250mg-325mg 8-12 years: 500mg 4-6 hourly max 4 times in 24 hours	Alcohol dependency Liver and kidney impairment	Rare - rashes and blood disorders

DRUG	INDICATIONS FOR USE	DOSE AND USAGE	CONTRA-INDICATIONS	SIDE EFFECTS
PETROLUEM JELLY (Vaseline)	For hydration of lips and skin	Topically, as required		
PSEUDOEPHEDRINE (Sudafed)(liquid or tablets)	For blocked noses	>12 years: 60mg 3-4 times daily<12 years:30mg 3-4 times daily	Diabetics: be aware of sugar content	Nausea, vomiting, headache, restlessness and rash
SIMPLE LINCTUS (incl. paediatric version)	For dry irritating cough	5mls 3-4 times daily <12years: 5-10mls 3-4 times daily (paediatric suspension)	Diabetics: be aware of sugar content	None known
SODIUM CROMOGLYCATE EYE DROPS 2%	For hay fever eye symptoms	1-2 drops, up to 4 times a day	Not for use with soft contact lens use.	Occasional temporary blurred vision after use
SUDOCREM	Treat Eczema, sunburn, minor burns, surface wounds	As required	None	Occasionally hypersensitivity reactions
SUNSCREEN LOTION	For protection against sunburn	Topically, as required	Known allergy	Occasional skin rash reaction
THROAT LOZENGES	For sore throat relief	1 lozenge every 4 hours		

Felsted

Protocol for Administration of Medication in Houses

House Staff must also read the following Policies:

- **Administration of Medicines by Felsted School Medical Team (including Homely Remedy Policy)**
- **Medical Policy**

Controlled medication (CDs) (including ritalin):

- Must be handed over to a member of house staff by a Medical Centre nurse, in the original packaging with a pharmacy label
- All pupils requiring CDs must have a consultant's letter
- CDs must be stored in a locked receptacle such as an appropriate CD cabinet
- CDs must be administered in line with the policies as listed above
- The pupil must take the medication in front of the member of staff
- Administration of CDs must be recorded in the house log:
    - There must be a separate page for each strength & form of an individual drug
    - Each page must specify the name, strength and form of the drug
    - Each entry must be in chronological order
    - Each entry must be legible
- The CD Record must be kept on the premises to which it relates

Other prescribed drugs held in House:

- Must have been logged with the Medical Centre
- Must be locked away
- Administration must be recorded as above
- If appropriate, the pupil should take the medication in front of the member of staff
- The 6 Rights of Administration must be applied:
  ● RIGHT PUPIL ● RIGHT MEDICINE ● RIGHT TIME ● RIGHT DOSE● RIGHT ROUTE
  ● The pupil's RIGHT to REFUSE must be respected
- A diary or prompt sheet should be used to ensure all pupils who require medicines receive them at the correct time

Over the counter (OTC) medicines:

- Should not be administered in house but only by the Medical Centre
- In exceptional circumstances, the member of house on duty may feel it necessary to ring the Medical Centre and ask if they may administer e.g paracetamol. If the nurse on duty agrees it is appropriate in this case, it may be given. However, it must be recorded, both in house and at the Medical Centre

Pupils who are self-administering:

- Pupils should not hold OTC medication, unless approved by the Medical Centre
- Pupil's that have been prescribed medication (e.g. antibiotics) from the school doctor will be assessed for their competency in self medicating
- If approved, all medication should be kept in a locked drawer
- Students must be reminded regularly (every half term in house assemblies) that they should never give medication to other students