

Administration of Medicines in Schools

Introduction.

Because of the varying situations pertaining in different schools e.g. the availability of trained and untrained staff, the ages of the pupils, whether the school is day or boarding, it is important that each institution has a clear **medicines policy** that is understood and accepted by staff, parents and pupils and which provides a sound basis for ensuring the proper and safe administration of both prescribed and over the counter (OTC) medications.

1. OTC medications.

- They should be kept securely in a locked cupboard, preferably in a locked room.
- There should be a list of those medications stocked with indications for use, contra-indications, dosages, side-effects and the duration of treatment before nursing or medical advice is sought.
- They should be issued to pupils under a “homely remedy protocol” (See no. 4 below).

2. Prescribed medications.

- Must only be issued to the pupil for whom they have been prescribed.
- Must stay in their original container that should be childproof.
- The original dispensing label must not be altered.
- Medication for use in urgent situations, for example antibiotics or emergency oral contraception, must be prescribed individually for each pupil as and when required.
- Generally, stocks of prescription medicines must not be held.
- However, some prescription-only medicines may be kept as stock for use in an emergency situation when the local primary care organisation (PCO) has agreed to the school using a patient group directive (PGD) for that particular medicine.
- The PGD is drawn up by that PCO and allows named, registered nurses in the school to apply the directive.

3. Self-administration of medication.

- There should be a policy for assessing a pupil’s ability to self-medicate.
- Everyone who self-medicates should sign an appropriate form indicating agreement with this policy.
- In some instances a pupil may be prescribed medication by a doctor but does not wish nursing or house staff to know; in these cases, the doctor must make the pupil aware of the need to keep the medication secure.
- Pupils who self medicate should have their own locked cupboard or drawer if they keep the medication.

4. Administration of prescribed and non-prescribed medication by unqualified staff.

- There should be a designated, appropriately trained person for the administration and management of medicines in each boarding house.
- There must be a written protocol for the administration of prescribed medication which should outline the following: -
 - Checking the identity of the pupil.
 - Checking that the administration sheet matches the label on the drug.
 - Immediate initialing of the administration sheet.
 - Recording a pupil’s refusal to take medication.

- There must also be a homely remedy protocol for the administration of non-prescribed medication.
- Both protocols should include procedures for reporting drug errors and adverse drug reactions and also how staff will deal with foreign medication brought into the school by pupils.
- Training will be required for matrons or house staff who are to administer the medication, highlighting issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought.
- The protocols should be agreed, understood and accepted by staff, and known to pupils and parents.

5. Administration to save a life.

- In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a medical practitioner or there being a PGD, for the purpose of saving life.
- For example, the administration of adrenaline by injection (1:1000), chlorpheniramine and hydrocortisone are among those drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.
- Where there is a written protocol for dealing with an emergency, it must be ensured that any medicines listed in the protocol are available.

6. Recording and monitoring of records.

- Records should be properly completed, legible and current. They should provide a complete audit trail for all medications.
- The designated person for each house should have an up to date reference of all current prescribed medication.
- **ALL** medicines brought into house should be recorded for each pupil including over the counter and complementary medicines.
- The Medicine Administration Record (MAR) Chart/Book should include
 - Name of pupil.
 - Date of receipt.
 - Name, strength and dosage of drug.
 - Quantity of the drug.
 - Signature of the member of staff receiving the drug.
 - This document should be kept for all drugs administered (including homely remedies) and be retained for 15 years after the last entry.
- The designated person should also keep a record of repeat medication requested and check that this has been received.
- A record should be kept of medicines sent home or on residential trips with the pupil and if a pupil is admitted to hospital.
- The school doctor should be informed if a pupil refuses to take medication.
- At any consultation the school doctor should be informed if any “homely” remedies have already been given.

7. Disposal of medicines.

- If unused medicines are returned to the school’s medical centre, a record should be kept of the date of return, name of the pupil and the name, strength and quantity of the medication.
- The name and signature of the member of staff returning the medication should be obtained.

8. Controlled drugs.

- Good practice dictates that the storage of controlled drugs should comply with the *Misuse of Drugs (Safe Custody) Regulation (1973)* as amended.
- A secure, lockable cupboard should be used which contains nothing else.
- Only those with authorised access should hold the keys to the cupboard.
- Separate records for the administration of controlled drugs should be kept in an appropriate, bound record book with numbered pages.
- The balance remaining should be checked at each administration and monthly.
- There should be a clear protocol for the disposal of unused controlled drugs which should be returned to the pharmacy.

9. Useful References.

- The National Minimum Standards for Boarding Schools, Inspection Regulations.
Available from:
http://www.csci.org.uk/care_professionals/service_providers/guidance/guidance_for_boarding_schools.aspx
- The Administration and Control of Medicines in Care Homes and Children's Services.
Royal Pharmaceutical Society of Great Britain, June 2003.
www.rpsgb.org.uk
- Managing Medicines in Schools and Early Years Settings - Department for Education and Skills/Dept of Health guidance, March 2005.
Contains templates which can be downloaded.
Available from: www.teachernet.gov.uk/publications
- Supporting Pupils with Medical Needs - a good practice guide - Department for Education and Employment, 2004.
- Boarding Briefing Paper 4 – Medical Protocols and Practice. Boarding Schools Association.
www.boarding.org.uk
- Nursing and Midwifery Council (2002b) *Guidelines for the administration of medicines*.
London: NMC.
www.nmc-uk.org

This Guideline has been endorsed by the Chief Pharmacist of the CSCI.

February 2007