

ADMINISTRATION OF MEDICINES

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Consent

Consent, for the administration of **prescribed medications and home remedies**, should be obtained when the student registers with the school. The consent form is for under 18s only. Over 18s (unless they have special needs) are generally deemed competent to manage their own medication.

Home Remedies

Year-Round English Courses and Summer Adults

Students on these courses are deemed competent to administer their own medication if needed. A member of staff will take a student to the pharmacy if required.

Cambridge Juniors, and English Plus

Course Directors and House Managers are provided with 4 medications that they can administer to students if their parents have provided consent on a signed consent form. These are Strepsils throat sweets, Savlon Antiseptic Cream, Dioralyte rehydration sachets for Diarrhoea and Sickness and Clarityn Antihistamine tablets. Students may bring their own Paracetamol and Ibuprofen if required. This can be stored in their lockable cabinets in their halls of residence.

DO NOT GIVE MEDICATION WITHOUT CHECKING CONSENT

The Course Director and Course Assistant are responsible for administering medication. If a student needs some medication, they should go or be taken to the Junior Office. The Course Director will be provided with a log book for recording medication given. Before giving medication, the course Director should do the following

- Ask the student to sit
- Ask the student's name
- Check that their parents have given consent for medication to be given on their consent form.

- For Clarityn, ensure that the student takes the tablet in your presence. For dioralyte, make up the sachet for the student and ensure that they drink it. For Strepsils, you can give the students 3 sweets maximum. For Savlon, give the students the cream and get them to apply to the wound.

Culford & Barnardiston Hall

Course Directors are provided with 6 medications that they can administer to students if their parents have provided consent on a signed consent form. These are Paracetamol, Ibuprofen, Strepsils throat sweets, Savlon Antiseptic Cream, Dioralyte rehydration sachets for Diarrhoea and Sickness and Clarityn Antihistamine tablets. Students must not bring any non-prescription medication with them.

DO NOT GIVE MEDICATION WITHOUT CHECKING CONSENT

The Course Director and Course Assistant are responsible for administering medication. If a student needs some medication, they should go or be taken to the Course Office. The Course Director will be provided with a log book for recording medication given. Before giving medication, the Course Director should do the following

- Ask the student to sit
- Ask the student's name
- Check that their parents have given consent for medication to be given on their consent form.
- For Paracetamol, Ibuprofen, Clarityn, ensure that the student takes the tablet in your presence. For dioralyte, make up the sachet for the student and ensure that they drink it. For Strepsils, you can give the students 3 sweets maximum. For Savlon, give the students the cream and get them to apply to the wound.

Prescribed medication

If a student brings prescribed medication from their own country, its instructions must be translated by a qualified person. If no translation is provided, the house manager (on Cambridge Juniors) or the Course Director (Barnardiston, Culford and Magdalene) should take the medication and advise the student to see a GP so that they can provide them with a British alternative or confirm that the medication is suitable.

At the beginning of a student's stay, the House Manager or Course Director should ask the student to bring prescription medication to them within the next 48 hours. Students should be warned that if they do not do so, there is a chance that their room will be searched (in accordance with the [Select English room search policy](#)).

Storage of medication

Regular medication should be stored in a locked cabinet secured to a wall or floor.

Temperature sensitive medication should be stored in a locked fridge or in a fridge in a locked room. The fridge should not be used for any other purpose. If required, the house manager or Course Director should contact Hanna Claydon and a fridge will be provided.

The school aims to stock epi-pens (subject to availability) but the onus is on the individual (student) to ensure that they carry their emergency medication (epi-pens) with them. The school keeps asthma inhalers at various locations and in first aid pouches.

First aid pouches should be taken on all trips and activities.

In college, staff should not have medication on their desks or in their bags. It should be locked in a place where others can't access it.

Students who have asthma or allergies should always be reminded to keep their inhalers and epi-pens with them.

Storage of medication whilst out on **educational visits** is the responsibility of the member of staff leading the activity. As a general guide:

- A risk assessment and pre-activity checklist is completed before each activity
- The staff member leading the activity will speak to all students who take medication prior to starting the activity
- Medicines are kept with an identified member of staff, who then administers them and records administration on return to school.
- For any pupil who is prescribed sublingual diazepam it is important that an identified member of staff carries an emergency pack and is trained to administer it.

Record keeping

Each student that is taking prescription medication should have a medication register, which shows the medication provided and the medication administered. The school template should be used.

Records must be hand written and errors should be marked with an asterisk with the correction written next to a corresponding symbol with the words "entered in error, should read...". This should be signed and dated. Errors should not be crossed out or tippexed and records must always be completed in ink.

The school must ensure that every tablet is accounted for. The number of tablets that comes into the school must, always, correspond with the number of tablets that have been

administered and the number that remain locked away in the drugs cabinet.

Dosage

The House Manager or Course Director should check that medications are in the original packaging with the patient's label as provided by the pharmacist. Medication should not be accepted if the label has a correction written on it or is not intact. The pharmacist's name and address and pharmacy logo should be on the label. The prescriber is the only person who can make corrections to the dose.

If medications are left in the hall of residence, they should be returned to the parents. If that's not possible they should be taken to the pharmacy for disposal. If a house manager does this, they should be accompanied by another person.

Staff training

All house managers and other key members of college staff should be trained in the administration of epi-pens and asthma inhalers.

The most important piece of information on any medication is the **label that has been printed by the pharmacy**. Members of staff are strongly advised not to administer any medication without such a label giving clear guidelines. The school's policy on medication reinforces the responsibility of parents to send medication with clear pharmacy guidelines.

Pharmacy labels serve as our permission to administer medication to the prescribed instructions of a medical doctor. The pharmacist label should state the following –

- Who the drug is for.
- When the medication was dispensed.
- How many tablets were dispensed.
- What the medication actually is – *e.g. Amoxycillin*.
- What the strength of the medication is- *e.g. 100mg tablets* or amount of medicine in suspension within a liquid medicine.
- Directions as to how they should be taken- *e.g. One to be taken twice a day*.
- Specific advice, the most commonly given include –
 1. Take at regular intervals.
 2. Complete the course.
 3. Take before or after food.
 4. Do not drink alcohol whilst taking.

All pharmacy labels give directions as to how, when and how much medication ought to be taken.

Staff should note that Latin abbreviations are often used on pharmacy labels. The following is a list of the most commonly used abbreviations. However, all pharmacy labels have an English annotation as well.

- 1 o.d - one to be taken each day
- 1 b.d - one to be taken twice a day
- 1 t.d.s. or 1 t.i.d. - one to be taken three times a day
- 1 q.d.s. or 1 q.i.d. - one to be taken four times a day
- 1 o.m. or 1 mane - one to be taken in the morning
- 1 o.n. or nocte - one to be taken at night
- 1 or 2 p.r.n. – one or two to be taken as required
- c.c/p.c. – to be taken with food/after food **
- m.d.u. – as directed ***

Other Important Directions

- **Swallow whole, do not chew** – this can be a challenge with those that are very rigid in their likes and dislikes. However, we cannot crush tablets that are directed to be taken as whole. The drugs product licence will have been granted on the grounds of them being taken whole. A few medications are designed to slow release the active ingredient throughout a set period, if crushed they lose the chemical capacity to do this.
- **Apply sparingly.** As a rule, cream ought to be applied to the skin until it becomes slightly tacky. Within the school it is good practice to wear protective gloves when applying any type of cream.
- Medication that is directed to **be taken before food** is so directed because food will retard the absorption of the medication. Other reasons that medication should be taken immediately before food might include the fact that some medication suppresses the appetite if taken well before a meal.
- Medication that can be affected by the acids in the stomach or cause irritation to the stomach are often prescribed **with or after food**.
- The '**As Directed**' direction can cause staff confusion and it is the school's policy to seek more specific advice from the doctor prescribing before we administer at school.

Other issues – directions for staff to give fractions of tablets are to be challenged. Wherever possible, medicines should be administered in whole tablets. The use of liquid medicine should be considered when dealing with the issue of fractions.

The school advocates an approach that emphasises the **six rights** of administration when dealing with medication. These are:

1. The right **YOUNG PERSON**.
2. The right **MEDICINE**.
3. The right **DOSE**.
4. The right **TIME**.
5. The right **ROUTE**.
6. The right **WAY**.

When giving medicines staff should follow the protocol below:

1. Get mentally prepared to administer the medication by concentrating on the task at hand
2. Check the medicine record for directions
3. Check that the child is the right one
4. Find the medicine within the medication cabinet
5. Check the label for how the medication is to be given
6. Measure the dose
7. Take the medicine to the child or bring the child to the medicine
8. Inform the child that their medicine is ready for them
9. Give the medicine
10. Offer a drink of water
11. Record immediately what has been given or declined
12. Proceed to the next medicine for the next child.

Administering Topical Medicines

These are considered just as important as any oral medicine. We follow the protocols below when using tubes or drops. When we open a new tube, jar or drop bottle we record the date of opening on the container, i.e., D.O.**/**/**.

Unless labelled otherwise, the general guidance for expiry dates is:

- Jars – discard one month after opening.
- Tubes – discard three months after opening.
- Eye drops and eye ointment – discard four weeks after opening.

Administering Nasal Drops and Ear Drops

Nasal Drops

1. Wash hands.
2. Request that the student sits in a chair.
3. Tilt their head backwards.
4. Put the required number of drops into each nostril.
5. Keep the student's head tilted back for two minutes.
6. Replace cap on the bottle.

Ear Drops

1. Wash hands.
2. Request that the student lies or sits down and tilt the head to bring the ear uppermost.
3. Gently pull the ear backwards.
4. Put the correct number of drops into the ear. Do not push the dropper into the ear.

5. Get the student to remain in the same position for two minutes.

6. **Administering Eye Drops and Eye Ointment**

Eye Drops

1. Wash hands.
2. Check when the drops were opened and when they should be thrown away (4 weeks after opening).
3. Tilt the student's head backwards.
4. Pull down the lower eye lid.
5. Put the correct number of drops inside the lower lid, without touching the eye.
6. Ask the student to close their eyes.
7. Wipe away any excess with a clean tissue.
8. Replace the cap and store in a cool place.

Eye Ointment

1. Wash hands.
2. Check when the ointment was opened and when they should be thrown away. (4 weeks after opening).
3. Tilt the head of the student backwards.
4. Pull down the lower lid.
5. Squeeze half an inch of ointment inside the lower lid, without touching the eye.
6. Close the eyes.
7. Wipe away excess with a clean tissue.
8. Replace the cap and store in a cool place.

Transdermal Patches

1. Wash your own hands and then put on disposable gloves.
2. Ensure that the skin of the child is dry and clean.
3. Apply patches to a different site each time to void the student developing sore skin.
4. Dispose of the old patch by folding in half.

Inhalers

1. Shake inhaler.
2. Ask the child to breathe out and to form a tight barrier around the inhaler. Inhale and count to 10. Ask the child to breathe in again.
3. Ask the child to rinse their mouth out with water after using a steroidal inhaler, i.e., Pulmicort and becotide.
4. If the child is using a spacer to inhale, follow the same instructions as above.
5. To not use soapy water to rinse out spacers as the soap can affect the medication.
6. Some pupils may have been asked to take their inhalers whilst lying down on a bed. Follow the specific directions on the individual's medication.

Other Routes of Administration

Other routes of administration include:

- Vaginal preparations
- Suppositories
- Injections
- Dressings

The college will **not administer vaginal preparations, suppositories or injections**. When the need arises, we will work closely with health staff at the local doctor's surgery. All administration by the methods highlighted above will need to be cross referenced to an individual student's intimate care protocols and parental permission slips.

The Law

The Medicines Act 1968 states that:

- Anyone can administer a prescription only medicine to another person, provided it is in accordance with the directions of a doctor as outlined on the label. The exception to this rule is in the case of injections.
- Medicines that are prescribed for an individual student are that person's property and may not be used by any other person.
- Doses of prescribed medicines must not be varied without the doctor's consent.

Guidance on common side effects of medication

Staff should take care to fully consider the impact of medication on students and gain knowledge on the main types of drugs used at St. Andrew's College, Cambridge. It is important that **staff recognise the most common side effects of medication;**

From the homely aspirin to the most sophisticated prescription medicine on the market, all drugs come with side effects. Many are minor, some are just an inconvenience, a few are serious, and some are just unusual.

Perhaps the most common set of side effects for drugs taken internally involves the gastrointestinal system. Nearly any drug can cause nausea or an upset stomach, though it may only happen to a handful of users. For drugs used externally, skin irritation is a common complaint.

Drug Side Effects

Allergic reactions can happen with any drug and can range from itching and rash all the way up to a life-threatening anaphylactic reaction.

Some drugs can't help but trigger side effects because of their chemical structure. One example is the common allergy drug diphenhydramine (also known by the brand name

Benadryl). Though it eases allergy symptoms, it also suppresses the activity of the body chemical acetylcholine, and that leads to drowsiness and a host of other side effects, including dry mouth.

Some drugs typically have barely noticeable side effects when dosed properly. For example, Warfarin (Coumadin, Jantoven), used to prevent blood clots, is usually well tolerated, but serious internal bleeding can occur.

Side effects may only occur when certain drugs are mixed with certain other things. These might also be considered drug interactions. Drinking alcohol with narcotic painkillers has caused an alarming increase in accidental overdose deaths. Drinking grapefruit juice can affect the blood levels of several drugs, including some blood pressure and cholesterol medicines.

To find more about a drug's side effects, information about them is available on the label of over-the-counter drug products and on package inserts or printed materials dispensed with prescription drugs.

Verbal Orders for Dosage Alteration

It is sometimes necessary to take verbal orders from a doctor to change the dosage of a prescribed medication. The following records will be made in such circumstances:

- Record immediately what has been said.
- Record the doctor's name.
- Record the child's name.
- Record the name of the medicine.
- Record the new dose and frequency.
- Note any special directions.
- Repeat back to the doctor to check understanding.
- Record the time.
- Sign and date medication sheet alongside colleague.
- Ensure that doctor signs the medication sheet on next visit.

Local GP Registration

Students studying with us Long-term will be registered at The Woodlands Surgery at Eden House on Bateman Street.

First Aid

Many staff, including house managers in Halls of residence, hold a current First Aid Certificate.

First Aid Kits

Each residential living area has a First Aid Box. There is also a First Aid Box in the Regent Street Front Office and in the Front Office of Station Road and in all summer course offices.

Every time a First Aid box is used (even for a cut knee), it must be recorded on the form that goes with that first aid kit.

Emergency Assistance

In case of emergency treatment being needed the school will

- phone for an ambulance,
- contact the student's parents,
- arrange for a staff member to accompany the student to hospital and wait with the student.
- The staff member is to be aware of any religious/cultural wishes to be communicated to hospital staff in the absence of the students' parents.

It should be noted that **although the staff member may act in 'loco parentis', they can only give consent for any medical treatment in life threatening situations when parents/guardians cannot be contacted.**

Epilepsy

Protect from injury but do not restrain

- Place in recovery position.
- Do not move child unless in a dangerous location.
- Place something soft under the head.
- Do not place anything in the child's mouth.
- Try to ensure privacy.
- If fit continues for more than 3 minutes telephone 999. Do not administer Sublingual Diazepam unless trained to do so and it has been prescribed by GP.
- Do not move child until fully recovered from seizure. Someone should stay with the child until fully recovered.

Asthma

Symptoms may include

- Increased coughing
- Wheezing
- Tightness in the chest
- Breathlessness- drawing in of rib-cage
- Blueness of lips (CAUTION – a very late sign)

Management of an Acute Attack

- Stay calm and reassure the child.

- Ensure the 'reliever' medicine is taken promptly.
- Encourage the child to sit and lean forward without squashing the stomach.
- Loosen tight clothing, offer sips of water (not cold) to keep mouth moist.
- If there is any doubt about the child's condition
 - if they are unable to talk, are distressed
 - reliever has not worked within 5-10 minutes
 - child is exhausted

dial 999. Call an ambulance.

If the attack responds quickly to treatment, the child may continue in school. Parents must be informed of the details of the attack.

General Guidance for Day to Day Management

- Medication must be readily available to staff.
- Remember to use the reliever as a preventative measure prior to exercise, if needed.
- Be vigilant for signs of attack.
- In the event of a child not having an inhaler available, a spare inhaler, not necessarily their own, but containing the same medication, should be used.

This is the only situation when another person's medication could be used

Allergy and anaphylaxis care

Causative factors

- Food (peanut, egg, dairy produce, shell fish)
- Drugs (penicillin)
- Venom of stinging insects

Symptoms

Usually occur within minutes. A combination of symptoms can be present, such as:

- Itching/tingling sensation
- Swelling of throat and tongue
- Difficulty in swallowing/breathing
- Flushing of skin
- Abdominal cramps/nausea/vomiting
- Sudden feeling of weakness
- Collapse and unconsciousness

Treatment is urgent and essential to prevent severe anaphylactic syndrome.

There are two main types of medication

- 1) Antihistamines (Piriton, Zirtec)
- 2) Preloaded Adrenalin injection (EpiPen)

There should be no serious side effects if the medication is given repeatedly or is mis-diagnosed. Relapse is possible after apparent recovery. ***Medical attention must be sought in every case.***

Children who are vomiting:

Children who are vomiting in school will be sent home or back to the Hall if they are Boarders, in order to curtail the spread of infection.

Children should not return to school for at least twenty-four hours and until they have eaten properly for a whole day.

Children who are infectious:

Children who are suffering with an infectious condition or illness should not return to school until they have taken advice from their GP.

Homestay accommodation

All students in host family accommodation are required to self-medicate. If a host parent has a concern about this or a student, he/she should contact the college.

Next review: February 2020