

MEDICINE (INCORPORATING HOMELY REMEDIES) POLICY



INTRODUCTION

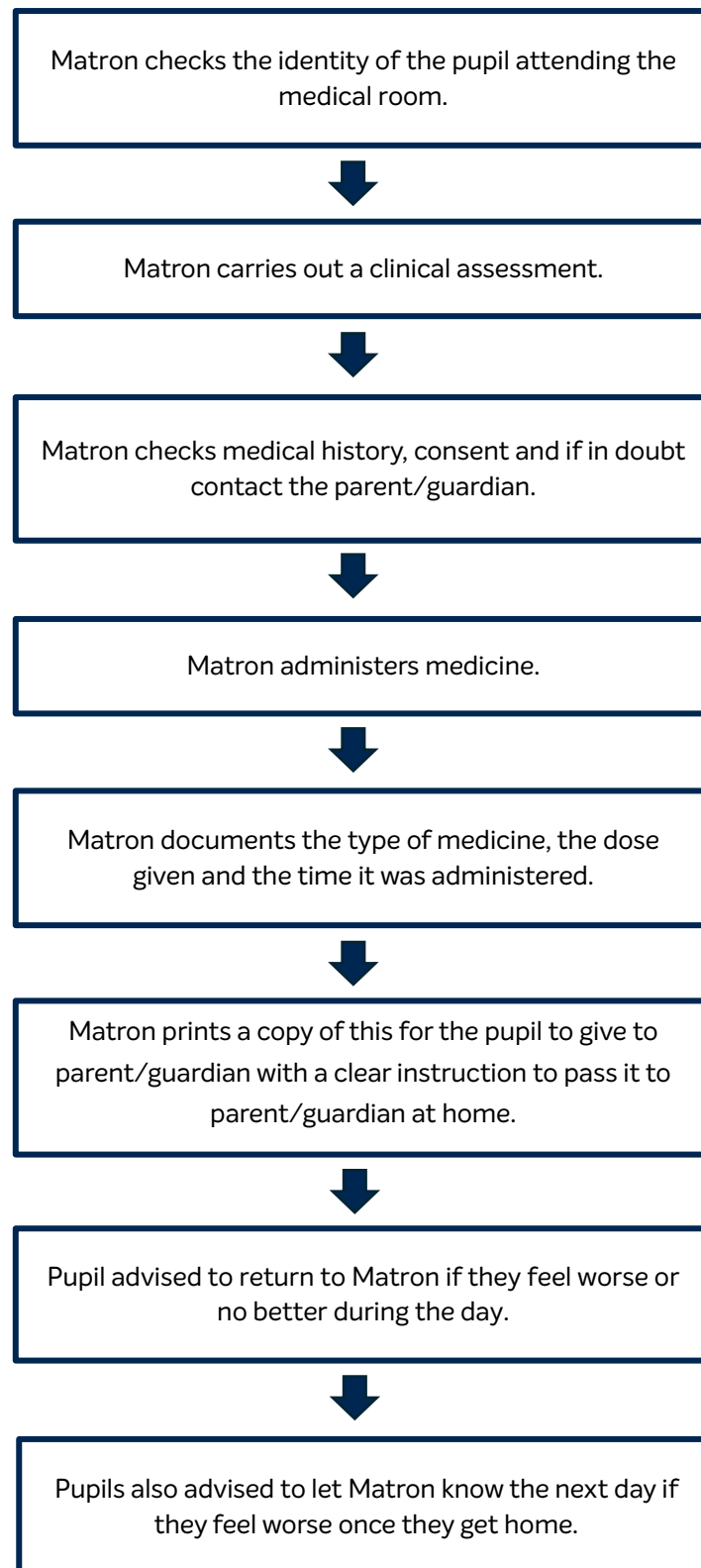
The school's medicine policy has been written in conjunction with the most recent government advice 'Supporting Pupils at School with Medical Conditions' December 2017 and the Standard for Medicines Management NMC 2015.

The aim is to provide clear guidelines for the storage and safe administration of medicines to children whilst in the care of the school. To ensure these procedures are put in place, parents/guardians should provide full information about their child's medical needs, including details on any medicines their child requires whilst in the care of the school. In terms of usual day-to-day practice, our Nursing and Midwifery Council (NMC) registered Matrons are responsible for the administering of First Aid (supported by appropriately trained teachers and support staff), homely remedies and prescribed medication to our pupils. The school obtains permission from parents or guardians for the administration of non-prescription and prescription medication, and keeps this permission on record. Training and advice on administering medication is obtained through the NMC, SCIS and a registered doctor who is employed by the school's Occupational Health service.





ADMINISTRATION OF MEDICINE PROTOCOL





Managing prescription medicines which need to be taken during the school day.

- Medicines should only be taken at school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during school hours.
- Prescribed medicines must only be issued to the pupil for whom they have been prescribed.
- Medicines are sent to the school named and in the original container in which they were supplied by the pharmacist with the prescription label attached. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Parents are requested to complete and sign a consent form for the administration of the medicine. This information must be the same as provided by the prescriber.
- A written record should be kept for all medicines administered to pupils together with a record of the member of staff administering the medicine.
- Any error in the administration of any medicine has to be reported to parent, Senior Management and an Accident form completed.

Parental/Guardian responsibilities in respect to their child's prescription medicines.

- One parent must agree to or request that medicines are administered to their child.
- Parents must complete and sign a consent form for the administration of the medicine. (See Appendix I)
- Parents must provide consent for the administration of homely remedies.
- Parents are responsible for ensuring that medicines are sent to the school named and in the original container in which they were supplied by the pharmacist with the prescription label attached.
- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- The 1st dose of any prescribed medicine must be administered at home to ensure that there is no adverse reaction.

Children carrying their own medicines.

- Children with asthma may carry their own inhalers with them at Beaton Road. Kingarth Street pupils have their inhalers in the medical room.
- Children with allergies **must** carry their auto-injectors with them at all times.
- **The school's spare adrenaline auto-injectors should only be used on children and young people where both medical authorisation and written parental consent has been provided to allow the school to do so. This also includes for children at risk of anaphylaxis, but who have not been prescribed with an auto-injector of their own. In all cases of anaphylaxis, 999 must be called.** The school's spare auto-injector can be administered in cases where the pupil's own device cannot be administered correctly without delay. Emergency auto-injector devices must be held by the school and cannot be given to a child or young person to take home. Auto-injectors can be used through clothes and injected into the upper outer thigh in line with the instructions provided by the manufacturer.
- All other prescription medication must be handed into the medical room for safe storage during the school day.

ADMINISTRATION OF HOMELY REMEDIES

A homely remedy is a product that can be obtained without prescription, for the immediate relief of a minor ailment. A minor ailment is an illness or condition that is not chronic or serious. Examples include minor cuts and grazes, allergies, toothache, bites and stings, cold and flu like symptoms, constipation, diarrhoea and indigestion.



MEDICINE (INCORPORATING HOMELY REMEDIES) POLICY



The school's Medicine policy refers to homely remedies and contains a list of products used for the relief of specific symptoms. This list is agreed and reviewed by Matron, Depute Rector (Pastoral Care) and a doctor from the Occupation Health Service. (See Appendix 3)

- Only the ailments specified in the homely remedy policy may be treated and they may only be treated using the specified products and doses.
- Administration must only be undertaken by staff trained in the care of medicines.
- Consent will be given by parents annually for their child to receive homely remedies if needed and the consent will be for all homely remedies unless the parent identifies any exclusions. This will be recorded electronically for Matrons to check if and when administering remedies.
- The homely remedies list (Appendix 2) specifies which products should be used for each ailment and provides details for care staff including:
 - Name of medicine
 - Indication for use
 - Dose and frequency
 - Maximum dose and treatment period
 - Cautions or contra indications to use

If staff have any doubt as to whether a homely remedy is suitable for a student, a GP or pharmacist should always be consulted.

Administration of Homely Remedies must be in accordance with the licensed indications /manufacturer's directions.

Obtaining and storing Homely Remedies

- Homely remedies are usually purchased by the school and stored either for individuals or as stock.
- If a parent has supplied a homely remedy then that product must be used only for that student.
- Matrons will not administer herbal or homeopathic medicines, even if requested by a parent or guardian.
- All homely remedies are stored in a locked cupboard or cabinet which is clearly labelled for Homely Remedies. They are stored separately from prescribed medications.
- Expiry dates will be regularly checked.
- Prescribed medications that have expired or that are no longer required will be returned to the Parent or Guardian for safe disposal.
- Expired homely remedies will be disposed of by Matron in accordance with Scottish Environment Protection agency (SEPA) guidelines.

Managing prescription medicines on trips and outings.

- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance.
- Members of staff administering medicines should be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.
- Staff supervising excursions should be aware of a child's needs, and relevant emergency procedures, and information about the child or young person's medical needs and medication should be accessible in the event of an emergency.



MEDICINE (INCORPORATING HOMELY REMEDIES) POLICY



Pupils who are asthmatic, have been prescribed an Auto--injector or are on regular medications for health conditions that are recorded on their school medical records, will NOT be permitted to participate on Duke of Edinburgh expeditions/ day walks or school trips if they do not have their inhaler, Auto-injector or oral medication with them.

Parents are responsible for contacting the School Nurse to inform her of any changes to their child's medical details. Emergency inhalers are stored in the school for use of students that had been diagnosed with asthma. Spare auto-injectors are stored in the school for severe allergic emergencies.

First Aid kits will be supplied by matron for all school trips.

Policy Owner	-
Date Reviewed	September 2023
Version Control	Service Level Agreement
Approved By	-
Date Approved	-
Location(s)	Website, Parent Portal
Next Review Date	-

The Governors of Hutchesons' Educational Trust, Registered Charity Number SC002922, is the governing body of Hutchesons' Grammar School.



MEDICINE (INCORPORATING HOMELY REMEDIES) POLICY



APPENDIX I

Parental Consent for Administration of Medicines (other than homely remedies)

Please complete this form and send it in with your child's medication.

The school will administer medicine to your child when this consent form is completed and signed. Please use a separate form for each medication.

Date: _____

Child's Name: _____

Form Class: _____

Name and strength of medicine: _____

Expiry date: _____

Dose to be given: _____

Time to be given: _____

Any other instructions: _____

Medicines must be in the original container as dispensed by the pharmacy.

The above information is to the best of my knowledge, accurate at the time of writing.

I give consent to the school nurse or school staff to administer the medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the course of medication has been completed.

Signature: _____ (Parent/Guardian)

Print name: _____ Date: _____

The information collected in this form is governed by our Privacy Notice which can be accessed at the following address: www.hutchesons.org/privacy

Who is the primary owner of this information: School Matrons, Tel: 0141 423 2933

Why is this information required? For the administration of medicines other than homely remedies.

How will it be used? The information will be used to administer medicines at the request of parents.

Who will it be shared with? It will be shared with medical professionals in the case of an emergency.

How will it be stored? In accordance with the school's Privacy Notice.

When will it be destroyed? In accordance with the school's Privacy Notice.





APPENDIX 2

HEAD INJURIES

APPENDIX 4

GUIDANCE FOR MANAGING HEAD INJURIES

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission.

However, a small number of pupils do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow.

Any injury involving the head that occurs during sporting activities requires the pupil to cease play immediately and sit out for the rest of that lesson or the duration of the match. All pupils who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care.

After any head injury, even when none of the worrying signs are present, it is important that the pupil's parents or carers are informed about the head injury and given written information about how to monitor their child using the school Head Injury Form.

Staff should consider whether referral to the school nurse or medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a pupil requires further medical assessment or hospital treatment following a head injury.

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999/112)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open),
- Problems with understanding, speaking, reading or writing,
- Numbness or loss of feeling in part of body,
- Problems with balance or walking, general weakness,
- Any changes in eyesight,
- Any clear fluid running from either or both of the ears or nose,
- Bleeding from one or both ears,
- New deafness in one or both ears,
- A black eye with no associated damage around the eye,
- Any evidence of scalp or skull damage, especially if the skull has been penetrated,
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs),
- Any convulsions or having a fit..



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If the pupil does not have any of the problems listed in the box above, but has any of the problems in the following list, there is the possibility of complications and the pupil should be taken by a responsible adult to the Accident and Emergency department straight away.

It is acceptable to transport the pupil in a car or using a taxi but if in doubt or there is a delay then call an ambulance.

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A+E DEPARTMENT STRAIGHT AWAY

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems

Child name: _____

Date: _____

Time: _____

Parent Contacted by: _____

Details: _____





Dear Parent/guardian,

Your child sustained a head injury at school today and has been monitored since the incident we have not identified anything that caused concern up to the time of them going home. If any of the symptoms described below develop later, particularly loss of consciousness (even just for a short time), **immediately** go to your local accident and emergency (A&E) department or call 999 and ask for an ambulance.

Symptoms in a pre-verbal child

- Unconsciousness, either briefly or for a longer period of time
- Difficulty staying awake or still being sleepy several hours after the injury
- Bruising behind one or both ears
- Vomiting since the injury
- Irritability or unusual behaviour
- Having a seizure or fit (when your body suddenly moves uncontrollably)

Verbal child

- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Persistent Headache
- General weakness
- Vision problems, such as blurred or double vision
- Memory loss (amnesia), such as not being able to remember what happened before or after the injury

Regards,



HOMELY REMEDIES - APPENDIX 3

Medicine	Indications for Use	Does, Frequency & Maximum Daily Dose	Further Information	Maximum Treatment Time Before Dr's Advice is Sought
Paracetamol: Caplets, Tablets, Capsules	Mild Pain, Headache, Toothache, raised temperature, Common Cold.	Children over 12Yrs 1-2 Capsules 3-4 times in 24hrs – Each dose not to be repeated in less than 4 hours, MAX DOSE 8 CAPSULES IN 24HRS 500mg x1 tablet CAPLETS/TABLETS 6-12 Yrs ½ - 1 Caplet – Each dose not to be repeated in less than 4 hours, up to Max 4 Doses in 24hrs Over 12Yrs -500mgs x 1 tablet 1-2 CAPLETS/TABLETS – Each dose not to be repeated in less than 4 hours, up to Max 4 Doses in 24hrs	CAPSULES NOT SUITABLE FOR UNDER 12 YRS. DO NOT GIVE WITH ANY OTHER PARACETAMOL CONTAINING PRODUCTS.	Consult Dr if symptoms persist after 3 days or get worse.
Calpol Infant Suspension	Mild Pain, Headache, Toothache, raised temperature, Common Cold	120mg/5ml oral suspension 2-4 yrs – 7.5mls 4-6 yrs – 10mls up to max 4 doses in 24hrs		Consult Dr if symptoms persist after 3 days or get worse.
Calpol SixPlus Suspension	Mild Pain, Headache, Toothache, raised temperature, Common Cold.	250/5 ml oral suspension 6-8 Yrs 5mls 8-10 yrs 7.5mls (5ml + 2.5ml) 10-12 yrs 10ml 12-16 yrs 10 – 15mls 16+ 10 – 20mls		Consult Dr if symptoms persist after 3 days or get worse.



		Each dose not to be repeated in less than 4 hours, up to Max 4 Doses in 24hrs.		
Ibuprofen Caplets/Tablets	Headaches, backaches, muscular pain, toothache	Caplets/tablets-200mg x1 Children over 12yrs 1-2 Caplets OR tablets every 4hrs Max 3 doses in 24hrs, no more than 6 caplets OR tablets in 24hrs	Consult with Pharmacist or Dr if suffer from asthma, Diabetes.	Consult Dr if symptoms persist after 3 days or get worse.
Ibuprofen syrup for children	Headaches, muscular pain, toothache, temperature	100mg/5ml oral suspension 4-6 yrs 7.5mls. Up to 3 doses in 24hrs 7-9yrs 10mls. Up to 3 doses in 24hrs	Consult with Pharmacist or Dr if suffer from asthma, Diabetes..	Consult Dr if symptoms persist after 3 days or get worse.
Piriton / Chlorphenamine Tablets	Relieves the symptoms of Hay fever and other allergies, insect bites, urticarial (hives and itchy skin rash).	4mg x1 oral tablet 6-12 yrs ½ tablet every 4-6hrs. Maximum 3 tablets in 24hrs 12yrs 1 tablet every 4-6 hrs Maximum dose 6 tablets in 24hrs		Consult Dr if symptoms worsen or do not improve
Piriton / Chlorphenamine Liquid	Relieves the symptoms of Hay fever and other allergies, insect bites, urticarial (hives and itchy skin rash).	2mg/5 ml oral solution 6 – 12 yrs 5mls every 4-6hrs 12yrs + 10mls every 4-6hrs Maximum dose 60mls in 24hrs		Consult Dr if symptoms worsen or do not improve.
Loratadine - Tablets	Relieves the symptoms of Hay fever and other allergies, insect bites,	2- 11 yrs (who weigh more than 30kg) 1 tablet per day 12 yrs + 1 tablet per day		Consult Dr if symptoms worsen or do not improve.



	urticarial (hives and itchy skin rash).			
Dry & Tickly Cough Linctus	Relief of Dry Coughs and Sore Throats	Children up to 12 yrs 1x5ml when required 12yrs and over 2x5ml when required	Not suitable for diabetics	Consult Dr if symptoms persist after 3 days or get worse.
Strepsils/Lozenges	Symptomatic Relief of Mouth and Throat Infections	Suitable for children over 6yrs.. Dissolve 1 lozenge slowly in the mouth every 2-3hrs. No more than 12 lozenges per day.	Contains Glucose	
Anthisan Cream	Provides relief from insect bites, stings and nettle rash.	Should be applied directly to the site of the insect bite, insect sting or stinging nettle rash. For best results, use as soon as possible after the bite or sting.	Do not use on large areas of the skin, if the skin is cut or grazed, on Eczema or extensively broken skin, or areas of sunburnt skin. STOP using if you notice signs of skin sensitivity. These include skin redness, swelling and itching, pain or Burning sensation. External use only.	Apply 2-3 times a day for up to 3 days.



Aqueous Cream	To rehydrate dry or chapped skin conditions.	Apply to affected areas as often as required.	External use only	No maximum treatment duration.
Sudocrem Antiseptic Cream	Provides a protective layer over cuts, grazes, minor burns, Eczema and sunburn.	Apply a small amount to affected area – thin, white layer.	Contains a milk, local anaesthetic.	No maximum treatment duration but seek advice if condition does not improve with use.
Savlon Antiseptic Cream	Antiseptic Cream used in First Aid to clean minor wounds and prevent infection. Apply to spots, insect stings and bites, blisters.	Use sparingly – Apply to affected areas.	External use only	No maximum treatment duration but seek advice if condition does not improve with use.
Calamine Lotion	For minor skin rashes, provides relief from skin irritation.	Shake the bottle before use, apply to affected areas as often as required.	Possible side effects include – skin irritation, skin rash (red or itchy skin).	No maximum treatment duration but seek advice if condition does not improve with use.
Vaseline Petroleum Jelly	To rehydrate dry or chapped skin conditions, provides a gentle waterproof layer.	Apply liberally where needed .	Hypoallergenic	No maximum treatment duration but seek advice if condition does not improve with use.
Magnesium Sulphate Paste	Treat minor skin infections including boils and reduce swelling.	External use, should be applied directly to the affected area. Can be reapplied 2-3 times a day.	Do not use if there are signs of allergic reaction (rash, itching, swelling of the mouth, face, lips or tongue).	Consult Dr if symptoms persist after 3 days or get worse.



Burnshield Burn Blot dressings	For relief for minor burns, scalds and sunburn	Apply liberally on affected area. Changed or removed after 24hrs.	Possible side effects – skin irritation, rash.	Consult Dr if symptoms worsen or do not improve.
Inadine Dressings	Abrasions and superficial burns. To reduce the risk of wound infections.	Dressings to be changed 3 times a week.	Do not use if being treated for kidney problems. Not to be used if pregnant or breast feeding.	Consult Dr if symptoms persist after 7 days or get worse.
Jelonet Dressing	To protect and soothe a wound from secondary dressings. Minor burns and scalds, ulcers, lacerations, abrasions.	Apply directly to the area. Change dressing as often as required.	Possible side effects include allergic reaction – skin irritation.	Consult Dr if symptoms worsen or no improvement.
Betadine spray	For minor cuts, grazes and burns.	Spray affected area to give a light dusting.	Do not use if sensitive to iodine.	
Saline eye & wound wash pods	For eye or wound Irrigation.	As required		
Tisept Wound cleaner	For wound cleansing	As required	Avoid contact with eyes. Discard any surplus.	
Bonjela Teething gel	Relief from mouth ulcers, sore gums.	Apply sparingly to affected area, reapply as necessary.		

