

FIRST AID, MEDICINES AND SUPPORTING THOSE WITH MEDICAL NEEDS POLICY

Written:	JM - June 2018
Reviewed by:	BM, CR, MW
Applicable to:	All staff, parents, pupils/students, volunteers, visitors.
For review:	June 2019

First Aid

Major and minor incidents can take many forms and can happen without warning. No plan can provide for every eventuality. This policy outlines the responses and responsibilities required for the day to day running of the school and aims to ensure that adequate and suitable equipment, facilities and procedures are in place to provide timely and appropriate First Aid. First Aid is the immediate assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance or qualified Medical Expert. It may involve improvising with facilities and materials available at the time.

Within this policy the term First Aider applies to any employee with an Emergency First Aid at work (1 day) or First Aid at work qualification (3 days).

Slindon College recognises that First Aiders:

- should act always within the guidance given in their training.
- are all expected to administer First Aid treatment to pupils, staff and visitors within the scope of their skills, learning and confidence.
- are expected to recognise the limitations of their roles, to ensure that appropriate medical intervention is sought where necessary.
- are expected to accurately record details of injuries, conditions or incidents that require treatment or any form of first aid intervention in the schools medical log.

The school Matron is on-duty Monday to Friday 07.00 – 16.00. She is the first point of contact for medical problems and first aid within these hours. She is responsible for the stocking of first aid boxes and surgery, compiling lists of pupils/students that have diagnosed medical needs, the management of the storage and safe administration of medication.

The designated first aid and sick bay room is the school 'Surgery'. All first aiders have access to the surgery and its equipment. Records of accidents and other medical emergencies and the responses to them are kept in Surgery. Parents are informed by Matron whenever a child has required first aid or other treatment and records are kept. The school conforms to the statutory requirements and will report to HSE in accordance to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Further details of which can be found at: <http://hse.gov.uk/riddor>.

Matron with support from Senior Leadership Team (SLT) aims to ensure that:

- Safe and effective First Aid Cover is provided for pupils/students, staff and visitors on site, at all times
- First Aid training for staff is actively promoted.
- All staff involved in higher risk activities are First Aid trained, in accordance with specific activity guidelines and regulations.

- Staff who are first aid trained have a sign on their usual workplace to identify that help is available.
- Appropriate First Aid kits are provided and regularly checked/restocked in accordance with Health and Safety Recommendations. Including the portable first aid kits for school visits/trips located in each school minibus and the individual first aid kits issued for trips.
- First Aid provisions and procedures accord with the requirements of the Health and Safety (First Aid) Regulations 1981.

The staff who are currently designated First aiders and the location of first aid kits are outlined below:

First Aiders	Location of First Aid Boxes
Carole Robinson - Matron	Surgery
Paul Paradine – Clerk of Works	Maintenance Area
Maureen Sargeant - Horticulture	Horticulture classroom
Jane Mason - Science	Science classrooms
Daniel Highfield - Boarding	Cookery classroom
Charlotte Turner - Boarding	Design Technology classrooms
Nick Pinney - PE	
Paul Burbidge - DT	

Matron can be contacted either in surgery or via her mobile phone. If matron is not in Surgery, she will leave the information as to her whereabouts on the surgery door. The mobile telephone is always with her and any member of staff can call her if she is needed. The boys are instructed by the notice on the door to contact the main office, who will then phone Matron on their behalf. On leaving the school and not being able to use the mobile i.e. inside Casualty or the dentist, matron will have informed the main office of her whereabouts and an alternative first aider will be summoned.

Sporting Activities

The school currently does not attend sporting events as part of a team fixture, therefore sports related injuries are only likely to take place within the school site where there is easy access to a first aider both for the day school and boarding house.

Offsite trips

Whilst we endeavour to place a first aider on any trip or offsite activity, staffing and First aid training mean this is not always an option. However, all trips have a first aid kit and staff are aware of how to get medical help in the case of an emergency. If a boy is to go on a trip that has a known significant medical condition that may well require immediate care than a first aider would always accompany them.

Summoning an ambulance

Anyone can and should, if necessary, phone 999 to summon emergency help. You do not need to wait for either Matron or a first aider, but they should also be summoned. Any incident that requires the emergency services to be called will be reported to the Head, as soon as possible. If an ambulance is summoned, a member of staff will need to be dispatched either to the front or the rear of the school to advise on entry. If advised by ambulance staff, a member of school staff should travel with the pupil/student to hospital. If not, a member of staff should follow in a car and meet the child in the hospital.

After such an incident, staff involved will need to write a report indicating what has happened and this will go to the Head or his deputy.

Advice for staff and first aiders on dealing with emergencies until help arrives is available in Appendix 1.

Informing Parents

Matron informs staff of pupil/students who have attended surgery via the school portal system. In all cases of a child being unwell or injured and needing to go home or to their boarding rooms, parents will be informed by Matron, usually by phone. Should follow-up care such as dressings or in the case of a head injury Matron will give specific advice to the parents or the boarding staff. See Appendix 2.

First Aid and care in Boarding

There is always at least 1 first aid trained member of staff on-duty in the house. Boys who are staying overnight are aware who is on-duty and how to contact them for help. Any first aid given will be reported in the medical log and if necessary reported to the parents.

Should a child require supervision, observation or other support overnight, there is a separate bedroom with adjoining bathroom available within surgery. The surgery itself has a sofa bed so a member of staff can be nearby should this need arise.

Bodily Fluids

In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be dealt with immediately, a clean-up kits are available in surgery and in boarding office. Gloves are provided in First Aid kits and should be used when dealing with bodily fluids (and all first aid procedures). All items should be placed in a plastic bag and disposed of in a clinical waste bin located in the surgery.

Past Medical History, Care Planning and Consent

Medical questionnaires outlining medical problems, both past and present, including known allergies and prescribed/non-prescribed medication taken are completed by every pupil's parent/guardian prior to the child being admitted to the school. Consent for first aid, administration of prescribed drugs and for administration of over the counter homely remedies is also signed and retained.

Should a boy be attending school for a 'taster' period, a form detailing any medical problems, medication, emergency contact and consent is completed and signed by the parents or guardians before the child is left at the school.

Should a pupil/student have a significant medical condition that may either effect their school day or may require medical/treatment intervention then Matron will produce a care plan for that issue. Such plans are kept within the medical file in surgery but are made known to all first aiders. Some care plans are written in conjunction with external medical professionals, to ensure the schools response and care is appropriate for the specific needs. Conditions such as epilepsy, asthma and diabetes are example of conditions that will have care plans.

The confidentiality and rights of pupil/students as patients are appropriately respected by the school. This includes the right of a pupil/student deemed to be "Gillick Competent" to give or withhold consent for his own treatment. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he has sufficient understanding and intelligence to understand fully what is proposed. Should a boy be considered Gillick competent then their right to consent to or refuse first aid, medical or dental treatment will be acknowledged. The Doctor, Dentist or Matron proposing treatment will judge whether or not a boy understands the nature of the treatment, as well as the consequences of refusal, and whether he can thus be deemed competent. Parents of any pupil/student under 16 years will be informed if their son refuses any medical or dental treatment suggested by the school Doctor or

Matron.

School Medical Officer

The school's medical officer is Dr Patterson who is part of the Croft Medical Practice at Eastergate, 4 miles from Slindon College. The practice has a 24 hour doctor on call service. Boys are taken to the medical centre for appointments and the school Matron, or her relief, will also take boys to the local Accident and Emergency Hospital at St Richard's Hospital, Chichester, 7 miles from the school, if necessary or Bognor War Memorial Hospital, Bognor Regis, 5 miles from the school. All boarders are encouraged to become registered with the school medical practice. Not all boarding students are registered with the school doctor for the provision of general medical services, but can be seen by the doctor at any time. It is probable that day boys living within the locality will already be registered with a general practitioner, although treatment will always be provided by the school medical centre during school hours. It is expected that for routine medical matters their usual GP will be consulted.

Health and Wellbeing

Health advice for pupil/students will always be available from the school Doctor and Matron. Staff and parents are welcome to seek the advice of the school Matron but will need to make an appointment to see their own GP rather than the school Doctor. Health promotions will be provided both informally and in a more structured way from the school Matron, school assemblies and the PSHE Programme.

Storage and administration of Prescribed Medicines

Matron is responsible for writing up the medicine charts for all prescribed medication (including controlled drugs and supplements, such as vitamins). She is also responsible for getting repeat prescriptions as necessary, receiving medication from parents/guardians and ensuring they are safely and appropriately stored. All medicines received from either parents or from pharmacy or hospital will only be dispensed if they comply with the following:

- Medication is in the original container in which it was dispensed
- The original dispensing label must be intact and all necessary instructions clearly visible
- The name of the individual for whom the medication was prescribed is clearly displayed on the label
- The dosage and frequency of the medication is clearly displayed on the label
- The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the label

Pupil/students should not carry medication in school unless for emergency use. We do not allow pupils or students to administer their own medication, unless it is with the written authority of the parents and the agreement of the Head. All prescribed medication is locked in the appropriate cupboard or kept in the small locked fridge as necessary.

Only staff identified in the front of medicine log may administer medication. These staff have been trained in the safe storage and administration of medication.

All staff that are able to give medication are expected to check that they are giving:

1. The right drug
2. At the right dose
3. To the right person

4. At the right time
5. By the right route

They then sign to acknowledge that this has been done. There are times that 2 staff members may sign and check. This is dependent upon the type of medication being given, if the staff member is still in induction or occasionally as a random check by matron or a senior member of staff.

The times and dosage of prescribed drugs are written against the child's name on the drug log and it is initialed each time it is administered. If the child is not present or they refuse the medication, this is indicated in the medicine log. All prescribed and regular medication to be given will be dispensed into named containers by Matron and it is from these containers that medicines are issued. There is to be no deviation from the prescription without medical and/or parental advice.

If a pupil/student has been prescribed an Adrenalin Auto Injector (an Epi Pen or Jext Pen) a pre-loaded device containing a measured amount of adrenalin, this will be located in the surgery, and with the child (either kept by class teacher, in classroom or if sufficiently responsible, personally).

Pupils/Students with Asthma need to have immediate access to their reliever inhaler when they need it, and should be encouraged to carry it in their bag/pocket. If needed a spare prescribed inhaler can be kept in surgery.

Controlled drugs (CDs) are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs Regulations (2001), must be locked away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency and method of administration. A list of controlled drugs commonly prescribed is available in appendix 4.

Controlled Drugs should be brought to Matron by the parent/guardian and rather than by the child, unless otherwise agreed. The receipt of Controlled Drugs is recorded and checked in by Matron and another member of staff. These are then kept in a lockable cupboard within surgery.

Staff administering these medicines sign a dedicated Controlled Medication Book to witness the date, time and dosage of medicine and also that the pupil has taken the medicine. All Controlled Drugs are administered by two members of staff.

The administration and storage of Controlled Drugs is closely monitored by a member of SLT or the governing body.

Storage and administration of Over the Counter (OTC) Medicines (also known as homely remedies)

Only staff identified in the front of medicine log may administer medication. These staff have been trained in the safe storage and administration of medication. The range of over the counter medication available is decided by matron with guidance. The dosage, timings and type of medication are governed by the advice given on the packet (see Appendix 3). OTC medication is recorded in the medical log. In the case of paracetamol and ibuprofen, the stock record must be entered and initialed after being given out.

Parents/guardians are asked to sign consent for OTC medication (including antihistamines) to be given and to identify if the child is allergic to any medication. Prior to giving any OTC medication the child is required to acknowledge his name, state that he doesn't have any allergies and when he may have had a previous medication. The member of staff giving the medication checks in the medical log to ensure that OTC medication hadn't been given within the recommended time.

OTC medication must only be given from original packaging, e.g. original boxes/bottles with the

manufacturer's label and are kept in a locked cupboard to ensure they are not accessible to pupils/students. Staff who require OTC medication, in an emergency, may request them from matron or a first aider, but the dose must be written in the stock balance for ibuprofen or paracetamol.

Both prescribed and OTC medication stocks are checked termly by matron and checked by a member of SLT or boarding governor.

Disposal of Medicines

All medicines stored in surgery will normally be returned to parents at the end of term. On no account will Controlled Drugs be returned to the child. Any controlled drugs left at the end of term will be returned to the parent who will sign the Controlled Medication book to acknowledge receipt. Parents are to ensure that they have adequate supplies at home to administer medication over weekends and half term holidays, thus leaving the school stock in situ. Any medication remaining in the house at the end of term will be taken to the local pharmacy for disposal. Sharps boxes are available on prescription for those pupils who need them for the safe disposal of needles. The Matron will arrange for the safe collection of used sharps boxes.

Monitoring by:	Head Teacher Assistant Head Boarding Governor
Evidenced by:	Speaking to Pupils and students Speaking to staff Medical log Medicine log OTC Stock Balance sheets Visual checking of drug cupboards Individual medical files

Policies are subject to continuous monitoring, refinement and audit by SLT. The Chairman of Governors (or his representative) undertakes an annual review of policies and of the efficiency with which the related duties have been discharged by the date stated or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

This policy has been reviewed by SLT to ensure it does not undermine British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs and that it actively educates against any material or behaviours that could promote radicalisation or extremism.

Appendix 1 - Further advice on dealing with emergencies

The guidelines laid out below are designed to enable staff to cope correctly with a medical emergency in the crucial few minutes between the decision to summon Matron or a first aider and their arrival on the scene. Staff should seek to reassure the casualty, make the casualty comfortable and take responsibility for managing the situation. Upon her arrival she will assume responsibility for any further action taken. In most instances they should be escorted quickly and safely to the surgery. Should this not be possible the person should be reassured and matron/first aider contacted. Within the school population there are a number of pupils and staff who may suffer from Asthma, Epilepsy, Diabetes and Anaphylaxis. Further information is outlined below:

Asthma

All diagnosed asthmatics should have their blue reliever inhaler on their person. Spare blue relievers are stored in surgery. There is an emergency reliever kit in surgery for known asthmatics who have an attack when they do not have their reliever.

General points

- Any other medication or equipment, such as a spacer, should be deposited in surgery for safe keeping
- Boys who suffer from exercise induced asthma should be provided with the opportunity, if required, to have a puff of their inhaler before they start exercise.
- Boys should always carry an inhaler whilst on the school premises, including any offsite activities i.e.: sports held at any venue and school trips.

Asthma attack guidelines

Any of the following might trigger an attack: Cold (e.g. cold frosty mornings); hay fever; exercise; excitement or prolonged laughing; fumes (e.g. glue, paint, fumes from science experiments); viral infection (e.g. common cold); allergic reaction (e.g. food, animals); wood dust; stress (though this rarely in itself triggers an attack)

Under no circumstances should a member of staff leave the person unattended.

- The person is likely to have experienced such attacks before and will usually know what to do: be advised by him or her as to what is likely to be most effective. There are, however, some standard procedures, in the case of mild attack, which staff should initially follow before summoning Matron or a first aider:
- calm and reassure.
- Sit them upright or leaning forwards slightly as this will assist breathing. Don't lay them down. Make sure they are comfortable. Ensure that the reliever inhaler (blue) is taken promptly to open up the narrowed air passages. Administer two puffs.
- If on the main school site: Encourage to breathe slowly and deeply. If, after two minutes, they feel that improvement is not quite good enough, encourage to use the reliever inhaler again and call first aider. They will assess the situation. If symptoms resolve they may go back to class/work. If no improvement, parents will be contacted and, if necessary they will be transferred to hospital accompanied by a member of staff.
- If not on the main school site: Encourage to breathe slowly and deeply. If, after two minutes, they

feel that improvement is not quite good enough, to use the reliever inhaler again. If there has been no improvement after five minutes, contact the school and emergency services.

Epilepsy

This is caused by a temporary malfunction in the brain's biochemistry. It is usually controlled by medication taken outside school hours, and it is unlikely that medication would be required during the school day except in the most severe cases. There are two principal forms of this:

a) Petit Mal/Absence Seizure

No specific aid is required, but the seizure should be noted and reported to matron. Symptoms: the person looks blank, stares and may have a slight twitching or blinking for a few seconds. They are usually unaware of the attack.

b) Convulsive Seizure

This is alarming for the onlooker, but not normally harmful for the sufferer, except in case of injury. Be aware of the effect on others who may be frightened. As soon as the fit begins, send for matron or a first aider. The fit cannot be prevented, so the principal concern is to protect from injuring him or herself during the fit and to provide care on a temporary basis once he or she has regained consciousness.

Warning signs: they may cry out, their body stiffen and then fall to the floor. This would be followed by convulsions. Alternatively the fit may begin with an "aura" or warning, e.g. visual, auditory. They will be unconscious or only semi-conscious, and may well be incontinent. He or she may salivate, and the saliva could be flecked with blood (if tongue or cheeks have been bitten). The fit may last a few minutes.

- Ease them gently to the ground and then stand away
- Clear a space, removing any objects on which they may hurt themselves
- Keep onlookers well away – prevent gathering and staring
- If possible, loosen clothing around the neck and place something soft under the head, but do not try to restrain the convulsive movements.

Do not:

- **Try to put anything between the teeth**
- **Give anything to drink**
- **Restrain them**
- **Move or lift**
- **Leave on their own**

Once the convulsions have stopped, turn onto his or her side in the Recovery Position to aid breathing. Wipe away saliva from around the mouth. On regaining full consciousness, they will be confused and disorientated for a while. It is vital to be reassuring and supportive during this period. If they have been incontinent, arrange for him or her to be covered with a blanket, to minimise embarrassment. They should be provided with the opportunity to sleep after the attack.

It should not normally be necessary to send to hospital after a seizure, but in all cases matron should be informed, and she should communicate to the parents (if it is a pupil/student) that a seizure has occurred.

It is essential, however, for matron or a first aider to contact the emergency services if:

- It is the first fit of a not previously diagnosed as epileptic

- A seizure shows no signs of stopping after a few minutes
- A series of seizures takes place without the individual fully regaining consciousness from the fits
- They seriously injure him or herself in the course of the seizure.

Anaphylaxis

Every member of staff receives a confidential list of anaphylactic sufferers at the start of every term.

All students are encouraged to carry their two auto-injectors on them at all times which encourages responsibility and management of their condition. The class teachers of all pupils have the auto-injector with them until the parents feel that their child is ready to carry them. All people who suffer from anaphylaxis are asked to bring in a spare, named auto-injector which is held in surgery in case of emergency.

Symptoms may include: anxiety, increased pulse, puffy eyes, swelling of face/neck, difficulties breathing, red and blotchy rash. Establish whereabouts of auto-injector. Send someone to dial 999 and contact matron or a first aider as quickly as possible.

General Points:

If auto-injector on person: Pull off blue cap holding auto-injector in fist, jab orange tip on upper outer thigh and holding the leg securely, press firmly and hold for 10 second before removing. Massage area injected for 10 seconds and note time given and then help them to sit in a position that aids breathing most.

Diabetes

A complication may be caused by either too much glucose (Hyper) or too little (Hypo) in the blood stream.

Symptoms can include:

“Pear Drop” breath	Trembling	Confusion	Shaking
Increased breathing	Seizures	Sweating	Coma
Increased heart rate	Thirsty	Changes in character or behaviour	

Action:

- If they aware that they are becoming hypoglycaemic give sweet drink or other sugary food. These are usually carried with them in case of emergency. If they are not aware about what is wrong or they are aware that they are hyper, do not give sugar.
- Notify matron or first aider as soon as possible.
- Reassure and await help, do not leave alone.
- If a diabetic is found unresponsive, phone 999 and call matron or a first aider.

Head Injuries

Head injuries may occur in any area of school life and are not exclusive to contact sports. When a person suffers an impact to the head, it is vital that all members of staff manage the injury in a consistent way regardless of the circumstances. The health and wellbeing is at all times of paramount importance and any member of staff is in any doubt as to whether or not an injury has occurred, or injury suffered, they should exercise caution in the best interests of the individual.

When it is considered that a blow to the head has happened and they will always need to be assessed for a head injury, so call for matron or a first aider. Anyone who has had a blow to the head, however minor, will have head injury instructions issued and in the case of a child will have their parents phoned. Should the blow cause bleeding then pressure must be applied. Any bleeding from nose or ears after a blow to the head is very serious and 999 must be called immediately.

Persons who are considered to have signs and/or symptoms of concussion should always seek medical attention swiftly by reporting to their local Accident and Emergency or NHS Walk In Centre (it is unlikely that a GP will be able to see promptly enough).

Fractures

Fractures are difficult to establish therefore if in doubt, treat the injury as a suspected fracture to avoid aggravating any injury. Symptoms that may be present include pain/swelling/limited movement/bruising/deformity.

Action:

- Ensure they are comfortable
- Reassure and try to reduce their movement
- Call for matron or first aider or 999 for an ambulance.

Even if you are not a trained first aider prompt action can save the day. Matron, first aiders and the emergency services would rather you were safe than sorry, so...

If in doubt call out

When you have acted to support someone, it is best to write it down, as a report is likely to be required at some point.

Appendix 2 - NHS Advice - Head injury observation instructions for parents and guardians

Following a head injury, you should keep the young person under adult supervision for the next 24 hours. If any concern arises that he is developing a problem, please seek advice from the Accident and Emergency Department or, if necessary, make arrangements to bring him back to hospital.

The signs that you should look out for are:

- o If the young person becomes unusually sleepy or is hard to wake up
- o Headache all the time, despite painkillers.
- o Repeated vomiting
 - o Weakness of arms or legs, e.g. unable to hold things
- o Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- o Confusion (not knowing where he/she is, getting things muddled up).
- o Fluid or blood coming from ear or nose.
- o Fits (convulsions or seizures)
- o Any other abnormal behaviour.

The young person should be allowed to sleep as normal. Please arrange to observe him/her on a couple of occasions overnight to check:

- o Does he appear to be breathing normally?
- o Is he sleeping in a normal posture?
- o Does he make the expected response when you rouse him gently? (e.g. pulling up sheets, cuddling teddy-bear)

If you cannot satisfy yourself that the young person is sleeping normally, he should be wakened fully to be checked.

Slindon College - Head Injury Information Note

_____ had an accident / incident today and sustained an injury to their head.

Date of Injury:

Time of Injury:

Place of Injury:

Brief Details:

He has been checked by:

Registered First Aider

NHS head Injury Information Note is on the reverse of this form

Treatment offered:

He returned to his lessons at:
effects.

(*time*) and has shown no ill

We suggest you seek medical advice if at all concerned

Signed _____

Print Name: _____

Appendix 3 – Protocol for the administration of OTC medication

Medication	INDICATION	CONTRA-INDICATION	DOSE	SIDE EFFECTS
Paracetamol 500mg tablets	Mild to moderate pain Pyrexia	Kidney impairment Liver impairment Alcohol dependency	Adults and Children –max 4 doses in 24 hours; leave at least 4 hrs between doses: Adults & Children 16+ 500mg-1g every 4-6 hours. Children: 12-16 yrs: 500-750mg 10-12 yrs: 500-500mg	RARE: Rashes, thrombocytopenia, leucopenia
Paracetamol suspension 250mg/5mls	“	“	Children: max 4 doses in 24 hours; leave at least 4 hrs between doses: 6-8 yrs: 250mg (5mls) 8-10yrs:375mg (7.5mls) 10-12yrs:500mg (10mls) 12-16 yrs: 500-750mg (10-15mls)	“
Piriton Tablets 4mg	Allergy	Urinary retention, angle-closure glaucoma Prostatic hypertrophy Pyloroduodenal obstruction Renal disease Epilepsy Children under 6 yrs.	Max. no more than 4 doses in 24hrs. Children 6-12 years: ½ tablet every 4-6 hours. Over 12 and adults: 1 tablet every 4-6 hours.	Tiredness and dizziness. Loss of appetite, indigestion, abdominal pain, liver inflammation, headache, dry mouth, palpitations, chest tightness.

Ibuprofen 200mg tablets	Pain, Fever, swelling	Peptic ulcer, asthma, renal, hepatic or cardiac impairment. Heart failure Hypertension GI disease Coagulation defects	Adults & Children over 12: 200-400mg every 4-6hrs PRN	GI Upset, haemorrhage, rash, thrombocytopenia.
Simple Linctus	Cough/sore throat	DO NOT USE IF ALLERGIC TO INGREDIENTS	Children over 12 and adults: 5mls 3-4 times daily.	Not expected
Honey, Glycerin and Lemon	Cough/sore throat	DO NOT USE IF ALLERGIC TO INGREDIENTS	Children over 12 and adults: 5mls 3-4 times daily.	Not expected
Pholcodeine Linctus	Cough Suppression	Liver disease	Children:6-12yrs: 2.5mls-10mls 3-4 times daily Over 12 yrs: 5-10mls 3-4 times daily	Constipation Respiratory depression
Throat Lozenges	Cough/sore throat	Diabetes	1 lozenge prn	Not expected
Anthisan bite & sting cream	All stings		2-3 times a day for up to 3 days.	Skin sensitivity – stop using.
Savlon	Minor wounds	Avoid contact with eyes and ears	Spray or rub onto affected area	Not expected.
Olbas oil	Congestion	DO NOT USE IF ALLERGIC TO INGREDIENTS	Inhale vapours	Not expected.
Arnica	For mild bruising	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically PRN	Not expected.
Vaseline	Dry skin conditions	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically	Not expected.
Hydrocortisone 1%	Dry skin conditions	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically sparingly 2 or 3 times daily	Not expected.

Appendix 4

List of drugs which need to be stored in a Controlled Drug (CD) cupboard and recorded in the CD register

This includes a few CDs that legally are exempt from this requirement but a local decision has been made to include them to make the management of CDs easier. Examples of branded drugs in brackets.

ANTICONVULSANTS

- **Midazolam** – oromucosal solution (Buccolam[®]) and injection (Hypnovel[®])
- **Phenobarbital** – tablets, elixir and injection

HYPNOTICS

- **Temazepam** – tablets and oral solution

OPIATES AND OPIOIDS

- **Buprenorphine** – patches (BuTrans[®], Transtec[®]), or tablets (Temgesic[®], Subutex[®]), with naloxone, (Suboxone[®])
- **Codeine** – injection only
- **Diamorphine** {heroin} – injection or tablets
- **Dihydrocodeine** – injection
- **Dipipanone** – tablets
- **Fentanyl** – tablets (Abstral[®], Effentora[®]), lozenges (Actiq[®]), patches (Durogesic DTrans[®]) and nasal spray (Instanyl[®], PecFent[®])
- **Hydromorphone** – capsules
- **Oxycodone** – tablets (OxyContin[®], Targinact[®]), capsules (Oxynorm[®]) solution and suppositories
- **Methadone** – tablets, solution (Metharose[®], Physeptone[®], Methadose[®]), linctus and injection
- **Morphine salts** – tablets (Sevredol[®], Filnarine[®], Morphgesic[®], MST Continus[®]), capsules (Zomorph[®], MXL[®]), solutions (Oramorph[®]), injections and suppositories.
- **Papaveretum** – injection
- **Pentazocine** – tablets, capsules and injection
- **Pethidine** – tablets and injection
- **Tapentadol** – tablets (Palexia[®])
- **Tramadol** – all 14 brands including Tramacet[®] (paracetamol & tramadol)

STIMULANTS

- **Methylphenidate** – tablets (Ritalin[®], Equasym XL[®], Concerta[®], Medikinet XL[®])
- **Dexamfetamine** – tablets (Dexedrine[®])
- **Lisdexamfetamine** – tablets (Elvanse[®])