Medicines in School (including the use of salbutamol inhalers and adrenaline auto-injectors) – Questions and Answers Guide

Q: Does a prescriber need to prescribe a non-prescription (over the counter) medicine in order for a school / nursery / child minder to administer it?

A: Non-prescription (over the counter) medication does **not** need a prescriber signature / authorisation in order for a school, nursery or child minder to administer it. This is reflected in the DfE Statutory Framework for the Early Years Foundation Stage guidance and the DfE Supporting Pupils at School with Medical Conditions guidance.

This guidance is relevant to child minders, as well as nurseries, learning disability settings, and schools.

Q: How should medicines be managed on school/other settings premises?

A: Each school/other setting will already have robust procedures in place for managing medicines, but they should reflect the following details:

- Medicines should only be administered at school/other setting when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 should be given prescription or non-prescription (over the counter) medicines without their parent/carer/guardian's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/ carer(s)/ guardians. Schools/ other settings should set out the circumstances in which non-prescription (over the counter) medicines may be administered. Please note, a dispensing label from the community pharmacy is not required for OTC medication; the dosage instructions on the packaging should provide sufficient information for this.

- Staff should check that the medicine has been administered without adverse effect in the past and that parents/carer(s)/guardians have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school / other setting to administer medicine.

- A child under 16 should **never** be given medicine containing aspirin unless prescribed by a qualified prescriber. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carer(s)/guardians should be informed through the normal route of communication.

- Schools/other settings should only accept medicines that are in-date, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools/other settings inside an insulin pen or a pump, rather than in its original container. Schools/other settings are reminded that they are required to date check all medicines kept on site regularly and this should be reflected in their medicine policy.

- All medicines should be stored safely and securely, some medicines may require special storage conditions, e.g., refrigeration (a designated medication fridge is recommended). Children should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to the storage area. Medicines and devices – asthma inhalers, blood glucose testing meters and adrenaline pens – should always be readily available to children and not locked away.

- When no longer required, medicines should be returned to the parent/carer(s)/guardian to arrange for safe disposal. Parents/carer(s)/guardians should be encouraged to return any unused or expired medication to the community pharmacy. Sharps boxes should always be used for the disposal of needles and other sharps. Schools/other settings can liaise with the local authority to collect the sharps boxes from them.

Q: Should a school/other setting keep a written record of medicines administered?

A: Schools/other settings should ensure that written records are kept of all medicines administered to children and inform the child's parents and / or carers/ guardians on the same day, or as soon as reasonably practicable.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carer(s)/guardians should be informed if their child has been unwell.

Q: What storage requirements for medicines are required?

A: Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. For medicines that require refrigeration, an appropriate refrigerator with restricted access, should be identified and the medication should be placed in a closed, clearly labelled plastic container. This container should then be kept on a separate shelf in the fridge. The temperature monitored each working day (recommended temperature is between 2^{o}C and 8^{o}C).

Consideration should be given as to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines. All storage facilities should be in an area which cannot be accessed by children without supervision.

All emergency medication e.g. inhalers, adrenaline pens (auto injectors), dextrose tablets, must be readily accessible but stored in a safe location known to the child and relevant staff. This location will be different in every school / setting; according to where the pupil normally has lessons / child spends most of their day, the size and geography of the school / setting and the pupil / child's age and maturity. We do not encourage schools / other settings to ask pupils to keep one inhaler and spacer device at school and one of each at home: **it is**

important that a child has quick access to their inhaler, spacer device and adrenaline auto-injector at all times and this includes on their journey to and from school/other settings. Possible locations include the classroom, medical room, school / setting office or head's office. (All schools/other settings should have a protocol in place for administering emergency medicines and this should be included in wider medicines policy).

Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. Controlled drugs should be kept in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes of any doses used and the amount of the controlled drug held.

Local pharmacists and school nurses can give advice about storing medicines.

Q: What staff training and support is required?

A: As part of the wider medicines policy, schools/other settings should have a process in place to determine relevant training required for staff that may need to administer medicine. Parents/carer(s)/guardians or relevant healthcare professional should normally lead on identifying and agreeing with the school/other setting, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

All schools/other settings should have arrangements in place for dealing with emergency situations. This could be part of a school's/other setting's first aid policy. Pupils should know what to do in the event of an emergency (e.g. informing a member of staff). Staff need to be fully aware of a school's/other setting's policy on emergency procedures, including the identity and role of the member of staff responsible for carrying them out.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medication and to fulfil the requirements as set out in individual healthcare plans / agreement.

Any decision to agree to administer medicines has to be a matter of individual choice and judgement.

Q: What is the child's role in managing their own medication?

A: After discussion with parents/carer(s)/guardians, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans / agreements.

Wherever possible and if safe to do so, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate

for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/guardians should be informed so that alternative options can be considered.

Q: Will an asthma inhaler (salbutamol) be classified as non-prescription medicine (over the counter medicine) if the school keep their own stock?

A: Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

From 1st October 2014, legislation on prescription only medicines changed to allow schools to buy salbutamol inhalers for use in emergencies. This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler and spacer device should establish a policy or protocol for the use of the emergency inhaler based on this guidance. They can then be supplied in an emergency by persons trained to administer them to pupils who are known to require such medication in schools.

Schools/other settings should consider including a cross-reference to the asthma protocol in their policy on supporting pupils with medical conditions.

The emergency salbutamol inhaler and spacer device should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

For more information, see the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015 .

Q: Will an adrenaline auto-injector be classified as non-prescription medicine (over the counter) medicine if the school keep their own stock?

A: AAIs are still classified as prescription only medicines; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

From 1st October 2017, legislation on prescription only medicines changed to allow schools to buy, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. They can then be used in an emergency by persons trained to administer AAIs to pupils who are known to require such medication in schools.

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Schools should not be requesting additional AAIs for pupils to keep in central locations. Current guidance from the Medicines and Healthcare Products Regulatory

Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. The legislative change does not supersede the guidance from the MHRA and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.
This change to the legislation applies to all primary and secondary schools (including independent schools) in the UK.

Schools/other settings that choose to keep spare AAIs should establish a protocol for their use. Schools/other settings should consider including a cross-reference to the AAI protocol in their policy on supporting pupils with medical conditions.

The school's/other setting's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The spare AAI can also be used if the pupil's prescribed AAI is not available, not working (for example, because it is broken or empty), or cannot be administered correctly without delay. The British Society for Allergy and Clinical Immunology (BSACI) allergy action plans for children can be accessed here.

For more information, see the Department of Health Guidance on the use of adrenaline auto-injectors in schools, September 2017.

Q: What is the position on giving out cough sweets / lozenges to children and young people?

A: Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools/other settings should ensure that parents/carer(s)/guardians have completed the school's consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a healthcare professional before taking further action.

Q: What should a school/other setting do if the parent/guardian has requested a non-prescription (over the counter) medicine be given to their child but the age of the child is not compatible with the guidance on the box?

A: Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools/other settings should ensure that parents/carer(s)/guardians have completed the school's/other setting's consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

If in doubt about any procedure, staff should not administer the medicines but check with the parents/carer(s)/guardians or a healthcare professional before taking further action.

Q: What should a school/other setting do if a parent/carer(s)/guardian requests that their child is given an increased dose of a non-prescription (over the counter) medicine which is more than the recommended dosage on the box?

A: Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools should ensure that parents/carer(s)/guardians have completed the school's medicine consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

If in doubt about any procedure, staff should not administer the medicines but check with the parents/carer(s)/guardians or a health professional before taking further action.

Q: What is the position on schools/other settings giving out herbal and homeopathic remedies?

A: Herbal and homeopathic remedies will not be recommended as part of routine NHS care, but parents/carer(s)/guardians may choose to administer these to their children. It is therefore recommended that schools **do not** accept and administer herbal or homeopathic remedies. This should be reflected in the schools'/other settings' medicines policy.

Herbal medicines are those with active ingredients made from plant parts, such as leaves, roots or flowers. However, being 'natural' doesn't necessarily mean they are safe. Herbal medicines, just like conventional medicines, will have an effect on the body and can be potentially harmful if not used correctly. Most herbal medicines on the UK market are currently unlicensed products and it is difficult for consumers or healthcare professionals to identify which products are manufactured to acceptable standards with reliable product information. Many treatments were also found to be ineffective or to have little evidence backing their anecdotal benefits.

Homeopathy is a system of medicine which involves treating the individual with highly diluted substances, given mainly in tablet form. Some homeopathic remedies may contain substances that are not safe, or that interfere with the action of other medicines. There has been extensive investigation of the effectiveness of homeopathy. There is no good-quality evidence that homeopathy is effective as a treatment for any health condition.

Q: Will all children with conjunctivitis need non-prescription (over the counter) chloramphenicol treatment?

A: Conjunctivitis is a common condition that causes redness and inflammation of the thin layer of tissues that cover the front of the eye (the conjunctiva). People often refer to conjunctivitis as red eye. The recommended treatment will depend on whether it is caused by infection, an allergic reaction or an irritant, such as a stray eyelash.

Most cases of infective conjunctivitis don't need medical treatment and clear up in one to two weeks. Parents/carer(s)/guardians should seek advice from their pharmacist on how to manage conjunctivitis.

UK Health Security Agency does not recommend that children be routinely kept away from school, nursery or child minders for conjunctivitis. If an outbreak / cluster occurs, consult your local health protection team.

Q: What is meant by an 'Education, Health and Care (EHC) plan'?
(This is referred to in the Department for Education (DfE) December 2015 guidance on supporting pupils at school with medical conditions)

A: An EHC plan is intended for children and young people with SEN. The purpose of an EHC plan is to make special educational provision to meet the SEN of children and young people, to secure the best possible outcomes for them across education, health and social care. It should not take more than 20 weeks from requesting an assessment to a final EHC plan being issued.

An EHC plan will include:

- The views, interests and aspirations of the children and young people and their parent / carer(s)/guardian
- An outline of the child or young person's special educational need
- Outcomes covering education, health and social care
- The special educational provision needed to support the child or young person
- The name and type of current education setting
- Personal budget information if applicable

In most cases, needs should be met through SEN support in schools and educational settings and through use of resources available:

- Hertfordshire - Local Offer.
- West Essex – Local Offer.

When considering whether an EHC needs assessment is necessary, professionals from education, health and social care will decide if there is evidence that the child or young person has not made expected progress.

For further information please see the following:

- Hertfordshire - EHC Needs assessment
- West Essex – EHC Needs assessment

References and recommended further reading

References:

1. Department for Education (2021) statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf
2. Department for Education (2015) Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf
3. Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
4. Department of Health (2017) Guidance on the use of adrenaline auto-injectors in schools. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
5. Medicines and Healthcare products Regulatory Agency (MHRA) Herbal medicines: new help available when advising patients about safe use. https://www.gov.uk/drug-safety-update/herbal-medicines-new-help-available-when-advising-patients-about-safe-use
6. National Union of Teacher (2016) Health and Safety Briefing: Administration of Medicines. NASUWT | Administration of Medication
7. NHS Choices: http://www.nhs.uk/pages/home.aspx
8. UK Health Security Agency (2022) - Health protection in education and childcare settings Guidance. Health protection in education and childcare settings - GOV.UK (www.gov.uk)
9. British Medical Association – Prescribing non-prescription (over the counter) medication in nurseries and schools.
https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication
10. Royal Pharmaceutical Society (2014) *Supplying salbutamol inhalers to schools: A quick reference guide.*
11. Royal Pharmaceutical Society (2017) *Supply of spare adrenaline auto-injectors (AAIs) to schools: Quick reference guide.*

Further reading:

Medical conditions at school partnership – includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions

Supporting pupils with medical conditions: links to other useful resources
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

Version	4.0 (updated to include AAI legislation change, October 2017; updated with new links and formatting, March 2018; updated with new links and minor amendments and additions, December 2022; minor amendment to emphasis need to have inhaler accessible at all times, October 2023)
Developed by	Huda Siddiq, Pharmaceutical Advisor, HWE ICB; Stacey Golding, Lead Pharmaceutical Adviser, HWE ICB; Hazel Angus, Lead Pharmaceutical Advisor, HWE ICB, Nisha Mistry Pharmaceutical Advisor
Date ratified	October 2023 Medicines Optimisation and Delivery and Implementation Group
Review date	October 2026