NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Medicines in School

This document has been developed to provide guidance on the use of medicines in schools, including salbutamol, over the counter (OTC) medicines and adrenaline auto-injectors (AAIs). While the document refers to schools, the guidance is equally relevant for all early year's settings, colleges and childminders.

The guidance has been developed in conjunction with Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council, Milton Keynes City Council, Cambridgeshire Community Services NHS Trust, Central and North West London Community health services NHS Trust and the Bedfordshire, Luton and Milton Keynes Integrated Care Board.

1. Does a prescriber need to prescribe a non-prescription (OTC) medicine for the school to administer it?

The DfE Supporting Pupils at School with Medical Conditions guidance states that schools should set out circumstances in which non-prescription medicines should be administered. When agreeing to administer a non-prescription medicine, schools should be reassured that they are not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent and/or carer following their written consent. For medicines that have not been prescribed, they should be supplied in the original container, have instructions for administration, dosage, and storage, and be in date.

The British Medical Association (BMA) states that non-prescription (over the counter) medicines do not need to have been prescribed or authorised by a prescriber to be administered by an early year setting, schools, colleges and childminders.

Non-prescription medicines can come in various forms including tablets, capsules, liquids, eye drops, creams, ointments, and nasal sprays.

2. How should medicines be managed on school/other settings premises?

The school / other setting will have their own robust procedure set in place for the management of medicines and they should reflect the following information:

- Medicines should only be administered at school/ other settings if it would be harmful to the child's health if the medicine is not administered, or it may affect school attendance.

  Where clinically appropriate to do so, medicines should be prescribed in dose frequencies which allow the medicines to be administered outside of school hours e.g. once or twice daily. Antibiotics should not routinely be given in school. Three times a day antibiotic such as amoxicillin can be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

- Where possible, the parent should bring the medicine into school on at least the first occasion. This will enable the school to get the appropriate paperwork signed (i.e. if parental agreement is needed to administer the medicine), to check the details of the medication and decide how it needs to be stored. For short courses of medicine, to decide with the parent if their child is competent to sensibly and safely self-administer and transport that medicine to and from school thereafter.

- Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools/other settings should ensure that parents/carers/guardians have completed the school's consent form/agreement and checked that instructions on the medicine are in line with what is being requested. Providers must keep a written record each time a medicine is administered

to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably possible through the normal route of communication.

- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, pharmacist or paramedic (medicines containing aspirin should only be given if prescribed by a doctor). Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers /guardians should be informed through the normal route of communication.

- Prescribed medication should only be accepted by the school/ other setting if they are in date, provided in their **original container** and include name of child, medicine name, instructions for administration, dosage and date of dispensing on the pharmacy label. The advice is that the actual medication should be labelled, rather than the outer carton for creams etc. The exception to this is insulin (it should still be in date) but will be inside an insulin pen or pump, rather than its original container.

- Dose changes should only be accepted if they are on the label of a prescribed medicine or other written confirmation is provided by a medical professional. The school will not make changes to dosages on parental instructions.

- 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 non-prescription medication; the dosage instructions on the packaging should provide sufficient information for this.

- Staff should check and document that the child has been administered the medication in the past without any adverse effect. A note to this effect should be recorded in the written parental agreement for the school/ other setting to administer medicine.

- Schools / other settings are required to have a procedure to regularly date check medicines which are kept on site.

- It is generally not recommended that cytotoxic medications are administered in a school setting. Should this be required in exceptional circumstances, there needs to be safe handling and disposing of these medications. It is recommended to wear gloves when handling these medications. Those who are pregnant or breastfeeding should avoid handling these medicines where possible.

3. Directions on the medication are different to the consent form / Individual healthcare plan (IHP).

No medicines should be administered if instructions on the consent form are different to the instruction on the medicine. If in doubt about any procedure, staff should not administer the medicine but check with the parents or contact a healthcare professional before taking further action.

The IHP details what care a child needs in school, when they need it and who is going to support. It is a written agreement between the child (if appropriate), their parent/carer and the school nurse or relevant staff at the school.

Template of the IHP can be found here.

4. What are the storage requirements for medicines and devices in schools?

All medicines require safe storage.

Non-emergency medication should be stored in a locked cupboard, preferably in a cool place. It is not a legal requirement to store medicines in a locked cupboard as long as they are secured in a in a safe location known to the child and relevant staff.

Medications requiring refrigeration should be stored in an appropriate refrigerator with restricted access in a closed, clearly labelled plastic container. The temperature should be monitored each working day (2-8^{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. The refrigerator should be in an area which cannot be accessed by children without supervision.

Emergency medications and devices (examples of these are inhalers, blood glucose testing meters, dextrose tablets and adrenaline pens) should always be readily available to children and not locked away but stored in a safe location. **It is important that the safe location is known to the child**. The safe location will be dependent on the school size and geography, and the child's age and maturity. Possible locations include the classroom, medical room, school / setting office or head's office. Schools should ensure that children always have access to two in-date AAIs, and that AAIs are not located more than five minutes away from where they may be needed.

- All schools/other settings should have a protocol in place for administering emergency medicines and this should be included in wider medicines policy.

- Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person (e.g. in their school bag).

- We do not encourage schools / other settings to ask pupils to keep one inhaler and spacer device or AAI at school and one of each at home: It is important that a child has quick access to their inhaler, spacer device and 2 AAIs (within date) at all times and this includes on their journey to and from school/other settings.

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. A child may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

5. Safe disposal of medications

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. Schools can buy sharps bins. Arrangements for collecting and disposing of full sharps bins vary depending on the area.

For non- cytotoxic medications which have spilled or been contaminated it would be advisable to dispose of in the clinical waste bins.

For cytotoxic medications which have spilled or been contaminated, it would be advisable to dispose of the waste in the purple lidded yellow bins. Ensure gloves are worn to clean the spillage and then wipe the area with water and then with household cleaner and water.

A schools' **local council** should be contacted to find out if they offer a sharps bin / clinical waste bin / purple lidded sharps collection service and whether they charge for this. If they do not provide this service, schools will need to make arrangements with a waste contractor to collect and dispose of their full bins.

When the medicine is no longer required, they should be returned to the parent / carer to arrange safe disposal.

6. Does a written record of medicines administered need to be kept by the school/other settings?

Schools/ other settings should ensure that there are signed written records kept of all medicines administered to children and inform the child's parents / carers as soon as reasonably possible to do so.

If medicines are stored on school premises outside school hours, then regular checks on medicine expiry dates should be performed and recorded.

Record keeping offers protection to staff and children and show that guidance and protocols have been adhered to.

Template of the medicines administration record can be found here.

7. What staff training and support is required?

The school's policy should set out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training. Training may be provided by local healthcare professionals, such as school nurses. It is good practice to keep a record of all training undertaken. All school 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.

Schools should ensure that all children have full access to education, but they must consider that the administration of medicines in schools or nurseries is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description. Any decision to agree to administer medicines has to be a matter of individual choice and judgement. Training may need to be carried out to administer medications such as an AAI in an emergency,

Template of the training record can be found here.

7. What is the child's role in managing their own medication?

Children who are competent to manage their own medication, should be encouraged to take responsibility to manage their medication after a discussion with the parent/ carer. This should be reflected within the IHP or agreements.

If it safe to do so, children should be allowed to carry their own medication or relevant devices or be able to have easy access to these medications for quick and easy self-administration. Children who can take their medicines themselves, or manage procedures, may require an appropriate level of supervision.

If a child is not able to self-manage, the relevant staff should help to administer medicines and manage the 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 IHP. Parents/carers should be informed so that alternative options can be considered.

Template of the IHP can be found here.

8. School trips and sporting activities

It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical needs are included.

Best practice would be that medicines should ideally be transported in a sealed plastic box labelled with the pupil's name and name of the medication. If this involves many pupils, then storing each child's medication in a named and sealed plastic bag in one box is acceptable. The box of medication with instructions should be transported and not single strips of medication.

Best practice would be that each child's medication bag/box should also contain their parental consent form, recording paperwork, copies of any relevant protocols from their IHP or associated care plan, and any emergency contact details.

Pupils at risk of anaphylaxis should have their AAI(s) with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Controlled drugs

- If it is not possible to take the CD register on a day trip, then the register should be completed stating that the child's CDs have been taken off site and this should be countersigned.
- Upon returning to the school the CDs should be signed back in and if a dose has been given whilst out, this must be documented within the CD register and the stock counted to reflect this. The balance should be adjusted.

- For residential trips, best practice is for CDs to be transported in a separate sealed container and stored in a locked container upon arrival, e.g. a safe at the residential trip venue.
- For residential trips a separate register should be obtained for recording CDs during the trip (i.e. a hard backed book where pages cannot be torn out).

9. How should prescription and non-prescription paracetamol and ibuprofen be managed?

Paracetamol and ibuprofen are usually used for the treatment of mild-to-moderate acute pain and are usually for short term use. Paracetamol is usually given every 6 hours and ibuprofen every 8 hours, so for many children they can be administered before and after school.

If the medicine is being administered in a school setting, there should be a clear reason why the medication is necessary, and the likely duration required. This should be documented in the consent form. The consent form should document that the child has been administered the medication without adverse effect in the past. For non-prescription (OTC) medicines the dose on the consent form should not exceed the age-appropriate dosing on the product packaging. If in doubt about any procedure, staff should not accept the medicine or agree to administer the medication. Administering either a prescription or non-prescription (OTC) medicine are at the discretion of each school.

NICE guidance on mild-to-moderate pain for children under 16 years states that for the majority of children paracetamol or ibuprofen should be administered alone, and that both are a suitable first line choice for mild-to-moderate pain. In certain circumstances where a child has not responded sufficiently to appropriate doses of either medicine alone, it may be appropriate to consider alternating paracetamol and ibuprofen for example, administering the second medicine 2-3 hours after the first medicine.

Before administering paracetamol or ibuprofen schools should confirm the maximum dosage and when the medication was last administered. It is recommended that these medications not be administered to children for a duration exceeding three days without consulting a healthcare professional.

10. Asthma inhalers (and spacers) in Schools

Schools may purchase salbutamol inhalers and spacer devices for use in schools in the event of an emergency.

Schools are not required to hold inhalers – 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.

The emergency salbutamol inhaler 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. This information should be recorded in the child's IHP. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

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.

There are template forms and further information on school protocols and more information, on the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015 and the Royal Pharmaceutical Society document on Supplying salbutamol inhalers to schools: A quick reference guide

Some children may be prescribed a different inhaler to salbutamol as a reliever, e.g. those on Anti-inflammatory Reliver (AIR) or Maintenance and Reliever Therapy (MART) inhaler regimes. An emergency action plan should be in place for these children within their IHP, and reference should be made to Question 7 regarding a child's ability to manage their own medication. If this therapy is unavailable during an emergency, the school's salbutamol inhaler may be used, provided that written parental consent for its use has been obtained.

11. Adrenaline auto-injectors (AAIs) in Schools

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen® and Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family

members, teachers, and first-aid responders.

Children at risk of anaphylaxis should have their prescribed AAIs at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used incorrectly or occasionally misfire.

Depending on their level of understanding and competence, **children and particularly teenagers should always carry their AAI(s) on their person, or they should be always quickly and easily accessible.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

While it is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school, where this occurs, the pupil must still have access to an AAI when travelling to and from school. Therefore, even in situations where the AAI(s) are not carried by the pupil at school, it may be advisable that the AAI(s) are left by a parent/carer on arrival at school and collected on leaving to ensure it is available to and from school.

Spare AAI in Schools

Schools are able to purchase AAI devices without a prescription, for emergency use in children who are at risk of anaphylaxis, and their own device is not available or not working (e.g. because it is broken or out of date).

Schools that choose to hold spare AAI(s) should establish a protocol for their use and cross-reference this in their policy on supporting pupils with medical conditions. Schools will also hold an allergy register as part of their medical conditions policy which will include:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type, dose and instructions for use).
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to their prescribed one.

The school'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. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/carer must be obtained. Such a plan is available from the Paediatric Action Plans - BSACI

Spare 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) if one is prescribed.

For further information on supply of AAIs: Department of Health: Guidance on the use of adrenaline auto-injectors in schools

12. Herbal and homeopathic remedies in school

Herbal and homeopathic remedies are not recommended for routine NHS care, but parents or guardians may choose to use them. Schools are advised not to accept or administer these remedies, and this should be stated in their medicines policy.

13. Cough sweet / Lozenges.

Administering a 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.

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.

14. Treating conjunctivitis

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. See appendix A for preparations recommendation if treatment is required.

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.

15. Sunscreens in school

The prescribing of sunscreens is restricted on a FP10 prescription unless they are approved by the Advisory Committee on Borderline Substances (ACBS) for the following indications: genetic disorders, severe photodermatoses, and in those with increased risk of ultraviolet radiation causing severe adverse effects due to chronic disease, medical therapies and/or procedures.

Schools should develop a Sun Safety Policy which should cover whether the individual school/ other settings will help to apply sunscreen or not. Department for Education says it expects schools to take a "sensible approach" to the issue.

16. Education, Health and Care (EHC) plan for children with special educational needs and disabilities (SEND)

Some children in school will have an Education, Health and Care Plan which is a statutory plan following assessment which outlines needs across education, health and care. Requirement for medication during the day does not necessitate an EHC plan. For a child with an EHC plan who has medication that is required during the school day, the presence of the IHP should be made within the plan and reviewed at each annual review.

- Luton SEND: Special educational needs and disabilities (SEND)
- Central Bedfordshire SEND: Special Educational Needs and Disability - Local Offer | Central Bedfordshire Council
- Bedford Borough SEND: SEND Team | Bedford Borough Council
- Milton Keynes SEND: https://www.mksendlocaloffer.co.uk/

Contact Details for further information.

Bedfordshire Luton and Milton Keynes Integrated Care Board (BLMK ICB)

- BLMK Medicines Optimisation Team
  blmkicb.medsopt@nhs.net

To speak to your local School nurses, contact the relevant team:

- Bedfordshire and Luton Health Visiting and School Nursing Service 0-19 team
  Tel: 0300 555 0606
  ccs.bedsandlutonchildrenshealthhub@nhs.net
  https://www.bedslutonchildrenshealth.nhs.uk/services/bedfordshire-and-luton-0-to-19-health-visiting-and-school-nursing-service/

- Milton Keynes 0-19 Universal Health Service (Health Visitors and School Nurses)
  Tel: 01908 725 100
  cnw-tr.0-19adminhub.mk@nhs.net
  https://www.cnwl.nhs.uk/services/community-services/milton-keynes-0-19

- Cambridgeshire Community Services
  Tel: 0333 405 0079 (This is a central contact number; please request a member of the Special Needs School Nursing Team)
  CCS-TR.SpecialNeedsSchoolNursingTeam@nhs.net
  https://www.cambscommunityservices.nhs.uk/

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Appendix A: Suggested alternative non-prescription (OTC) Medication that <u>may not</u> need to be given during school hours

Below is a list of non-prescription (OTC) medications which are commonly requested to be administered during school hours, with non-prescription (OTC) medications that may be suitable alternatives and would not need to be given in school hours. The list below is a suggestion only and it may not always be appropriate to switch to one of the medications below due to product license, clinical effectiveness, allergy, the individual's other medical conditions (e.g. ibuprofen and patients with asthma) or interaction with other purchased or prescribed medication.

Community pharmacists can advise on the most appropriate non-prescription (OTC) medications for a child's conditions. Parents/carers should always check with a Community Pharmacist to ensure the alternative medication is appropriate for the child.

Medication	Normal Frequency	Action/Indication	Alternative	Rationale
Chlorpheniramine (Piriton®) tablets/liquid	Up to four time a day	Antihistamine – for allergy (e.g. hay fever, allergic rash)	Cetirizine or loratadine tablets/liquid	Cetirizine & loratadine can be given ONCE or TWICE a day. Chlorpheniramine causes drowsiness which may affect a child during the school day. Cetirizine and loratadine are non-drowsy anti-histamines.
Chloramphenicol 0.5% eye drops	Every 2 hours for the first 48 hours, then 4 times a day.	Antibacterial - Bacterial conjunctivitis	Chloramphenicol 1% eye ointment	The effect of chloramphenicol 1% ointment last longer than the chloramphenicol drops and only needs to be given 3 to 4 times a day. It can be given in the morning before school; immediately after and at bedtime. It is available from pharmacies without a prescription for children over 2 years old.
Ibuprofen (Nurofen®) tablets/liquid	Every 6 to 8 hours, up to a maximum of four doses a day	Painkiller - Mild to moderate pain	No alternative	Ibuprofen has a duration of action of approximately 8 hours therefore its action should last throughout the school day. Ibuprofen may not be suitable for children with asthma.
Paracetamol tablets/liquids (Calpol®)	Every 4 to 6 hours, up to a maximum of four doses a day	Painkiller - Mild to moderate pain	Ibuprofen tablets/liquid	Ibuprofen has a longer duration of action (approximately 8 hours) than paracetamol (approximately 6 hours), so is more likely to last through out the school day. Ibuprofen may not be suitable for children with asthma.
Sodium Cromoglicate 2% eye drops	Apply up to Four times a say	Allergy (hay fever)	No alternative	It can be given in the morning before school; immediately after and at bedtime.

Appendix B: Expiry dates of medication within community care settings

Preparation	Unopened and stored in accordance with manufacturer's guidance	Opened and stored in accordance with manufacturer's guidance
Tablets and capsules packed in manufacturer's blister strips - where expiry date is intact	Manufacturer's expiry date	Manufacturer's expiry date
Loose tablets and capsules in medicine bottles	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in pharmacy brown glass bottle	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in original manufacturer's bottle	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months, whichever is sooner
Creams and ointments	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months from opening, whichever is sooner.
Ear drops	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL)
Eye drops/ eye ointment	Manufacturer's expiry date	28 days from opening unless otherwise stated
Inhalers	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL). Inhaler holders and spacers should be washed weekly or according to the manufacturer's instructions and replaced at least annually.
Nutritional supplements and thickeners	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL).

If there is any uncertainty about the expiry date of a product, you should contact the supplying pharmacy for advice. A copy of the PIL should be kept with the client's records.