PrescQIPP Community Interest Company

NHS

Enfield CCG

Administration of medicines in schools and early years settings

The administration of medicines in schools and early years settings, such as nurseries, has historically been a contentious area with confusion sometimes created between schools, parents and general practices. This bulletin provides clarity regarding the national legislation and good practice guidance in this area, so that children can receive their medication in a safe and timely manner and that staff can be supported to administer medicines within a clear framework.

Recommendations

- Be aware of the Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' which explain the legislative requirements and good practice guidance in this area.[2,3]
- Work with local schools and early years settings to ensure that the requirements for the administration of Prescription Only Medicines (POMs) and non-prescription (over the counter [OTC]) medicines are followed.
- Promote self-care by working with local schools and early years settings to support the implementation of the March 2018 NHS England guidance to CCGs, regarding conditions for which OTC items should not routinely be prescribed in primary care.
- Ensure that local schools are aware that legislation on POMs has changed to allow schools to buy salbutamol inhalers and adrenaline auto-injector devices without a prescription if they wish to do so, for use in emergencies.
- Ensure that schools are aware of the necessary protocols regarding the emergency use of salbutamol inhalers, including the use of appropriate spacer devices, and adrenaline auto-injector devices.

National legislation and guidance

As of 1st September 2014, Section 100 of the Children and Families Act 2014 placed a statutory duty on school governing bodies to make arrangements for supporting pupils with medical conditions.[1]

The Department of Education document, 'Supporting Pupils at School with Medical Conditions'[2] contains both statutory guidance and non-statutory advice and is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This statutory guidance applies to:

- Governing bodies of maintained schools (excluding maintained nursery schools), i.e. those that are funded and controlled by the local education authority

- Management committees of Pupil Referral Units (PRUs)
- Proprietors of academies.

This guidance is also provided to assist and guide:

- Schools, academies and PRUs
- Local authorities
- Clinical Commissioning Groups (CCGs)
- NHS England
- Independent schools
- Parents/carers and pupils
- Health service providers.

Early years settings should apply the Department of Education 'Statutory Framework for the Early Years Foundation Stage' which is mandatory for all early years' providers in England (from 3 April 2017): maintained schools, non-maintained schools, independent schools, all providers on the Early Years Register and all providers registered with an early years' childminder agency. Sections 3.45 and 3.46 of the framework refer to the administration of medicines.[3]

Requirements for schools and early years settings

If medicines are to be administered, schools and nurseries must have and implement a policy, and procedures, for doing so.[2,3]

It is essential that a named person has overall responsibility for effective policy implementation. Policy details should include:

- Who is responsible for ensuring that sufficient staff are suitably trained
- Cover arrangements in case of staff absence/turnover
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable.

School or nursery staff may be asked to perform the task of giving medication to children, but they may not however, be directed to do so. 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. In practice, many school and nursery staff do volunteer to administer medicines and they must receive appropriate information and training before doing so.[4] Training may be provided by local healthcare professionals, such as school nurses. It is good practice to keep a record of all training undertaken.

The National Union of Teachers (NUT) advises that teachers should be particularly wary about agreeing to administer medicines to pupils where the timing of its administration is crucial to the health of the child; or where some technical or medical knowledge is required; or where intimate contact with the pupil is necessary (this would include administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheostomies).[4]

Any decision to agree to administer medicines has to be a matter of individual choice and judgement. Apart from the obvious distress to a teacher who makes an error, all teachers who agree to administer medicines take on a legal responsibility to do so correctly. There is consequently always the risk that the teacher might be named in a legal claim for negligence. Generally, however, any teacher acting in accordance with agreed procedures would be regarded as acting in the interests of the employer and, since the employer would also be the subject of the action, the teacher would therefore be effectively indemnified against personal liability by the rules of 'vicarious liability'.[4]

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action.[4]

If a school or nursery takes the decision that medication is not going to be given, they will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication to ensure they are still able to access a full education. These measures must not discriminate and must promote the good health of children; policies on this must be made clear to parents.[2]

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010. Responsible bodies for schools must not discriminate against pupils in relation to their access to education and associated services. This covers all aspects of school life including: school trips, school clubs, and activities.

Every child with epilepsy should have an Individual Healthcare Plan. This should include what to do in the event of a seizure (and especially prolonged seizures), as well as other tailored advice for that individual child.

Administration

POMs must not be administered unless they have been prescribed for a child by an 'Appropriate Practitioner',[5] which includes a doctor, dentist, nurse or pharmacist. However, non-prescription (over the counter) medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school, nursery or child minder to give them.[2,3]

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Over the counter medicines, e.g. for pain relief, should not be administered without first checking maximum dosages and when the previous dose was taken.[2,3]

Medicine (both prescription and non-prescription) must only be administered to a child under 16 where written permission for that particular medicine has been obtained from the child's parent or carer[2,3] - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.[2] Most schools and nurseries will have their own consent forms for medicines administration but if needed, template forms for local adaptation accompany this bulletin. The Department of Education document, 'Supporting Pupils at School with Medical Conditions' also includes template forms.[2]

Examples of consent forms and administration charts can also be found in the reference section.[6]

Schools will only accept prescribed medicines if these are in-date, labelled, including with the correct child's name, provided in the original container as dispensed by a pharmacist (or dispensing doctor) and include the date of dispensing and 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 inside an insulin pen or a pump, rather than in its original container.[2] Diabetes UK provides useful information about managing children with diabetes and their medicines in schools.[7]

Storage

Medicines should be stored securely within the school in lockable facilities, but children should know where their medicines are; medicines and devices such as asthma inhalers and adrenaline pens should be always readily available to children and not locked away.

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.

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.

Where appropriate, pupils, particularly in secondary schools, should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities. It is advisable for a risk assessment to be completed in order to minimise the potential for harm to occur. This will depend on the child's age, maturity, parent/carer and school consent.

When no longer required, medicines should be returned to the parent or carer to arrange for safe disposal if necessary and parents/carers should routinely collect medicines held by the school at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.[2] Records should be kept for audit purposes.

Record keeping

Schools and nurseries must keep a written record each time a medicine is administered to a child stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be documented in school.[2,3] If a child spits out or refuses the dose, the school should record this and contact the parent/carer to advise them as soon as possible.

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

School trips, visits and sporting activities

Medication required during a trip may be carried by the child, if this is normal practice. If not, then a trained member of staff should carry and administer the medication as necessary. The parent or carer must provide written permission for the particular medication to be given whilst on a trip or visit. A copy of any health care plans and or information on medical conditions should be taken on visits.[2]

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers during sporting activities.[2]

Administration of over the counter (OTC) medication in nurseries and early years settings; supporting self care

In March 2018 NHS England published guidance to CCGs regarding conditions for which OTC items should not routinely be prescribed in primary care.[8] In support of this guidance, schools and early years settings should be fully aware that OTC medicines do not need an Appropriate Practitioner's [5] prescription, signature or authorisation in order for a school, nursery or child minder to give them, provided that there is written permission to administer the medicine from the parent or carer.[2,3]

The Department of Education 'Statutory Framework for the Early Years Foundation Stage'[3] previously included a paragraph that stated: '*Medicines should only be taken to a setting when this is essential, and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.*'

This has now been amended to read '***Prescription medicines*** *should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.*'

The previous wording resulted in some parents making unnecessary appointments to seek a prescription for an OTC medicine so that it can be given in nurseries or schools. The Medicines and Healthcare products Regulatory Agency (MHRA) licenses medicines and classifies them when appropriate as OTC, based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment. The British Medical Association (BMA) has stated that it is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery or school.[9]

In 2015, the General Practice Committee (GPC) wrote to the Department of Children, Schools and Families seeking an amendment to this paragraph in the Statutory Framework, who confirmed that a prescription is not required, and as a result they have now updated their guidance, as above, to clarify that this is only applicable for prescription drugs, whereby non-prescription medication can be administered where there is parent's prior written consent.[9]

Wessex Local Medical Committee have produced a template letter which GP practices can download from their website and send to the nursery or school if there is any misunderstanding about the wording of the Statutory Framework.[10]

Schools should ensure that parents have provided written permission/consent for staff to administer the OTC medicine and check that the:

- Medication is in date.
- Manufacturers' instructions on the medicine are in line with what is being requested.
- Child's name is written on the OTC medicine container.[2,3]

Salbutamol inhalers in schools

From 1st October 2014, legislation on POMs changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.[11]

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 that choose to keep emergency inhalers and spacers should establish a protocol for their use, which should include infection control and cleaning to avoid cross infection. Schools should consider including a cross-reference to this protocol in their policy on supporting pupils with medical conditions.

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 and where this is recorded in the child's individual healthcare plan. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken, empty or out-of-date).

Templates for parental consent forms and notification to parents of emergency salbutamol use, can be found at Annex A and B, respectively, of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015.[11]

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.

A written order signed and dated by the principal or head teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. Ideally appropriately headed paper should be used however this is not a legislative requirement.

In line with legislation requirements the order must state;

- (i) the name of the school for which the medicinal product is required,
- (ii) the purpose for which that product is required, and
- (iii) the total quantity required.

The signed order needs to be retained by the pharmacy for two years from the date of supply or an entry made into the POM register. Even where the signed order is retained it is good practice to make a record in the POM register for audit purposes.[12]

The number of inhalers that can be obtained by individual schools is not specified in legislation. As part of the consultation process it was acknowledged that the number held for emergency use would be dependent on a variety of factors including; the school size and the number of sites it is comprised of, the

number of children known to have asthma, and past experiences of children who had not been able to access their inhaler. It was however agreed, generally that only a small number of inhalers were likely to be needed annually.[13]

To avoid possible risk of cross-infection, the spacer device should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Schools can be advised to contact a local community pharmacy for advice on inhaler technique and selection of the most appropriate spacer device.[12]

Adrenaline auto-injectors in schools

From 1st October 2017, legislation on POMs changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in emergencies.[14]

This change applies to all primary and secondary schools in the UK. Schools are not required to hold AAIs – this is a discretionary power enabling schools to do this if they wish. Schools that choose to keep spare AAIs should establish a protocol for their use. Schools should consider including a cross-reference to the AAI protocol in their policy on supporting pupils with medical conditions.

Any AAI(s) held by a school should be considered a spare or back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the MHRA is that anyone prescribed an AAI should carry two of the devices at all times.[15] This guidance does not supersede this advice from the MHRA and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.[14]

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. The spare AAI can also be used if the pupil's prescribed AAI is not available, not working (for example, because it is broken, empty or out-of-date), or cannot be administered correctly without delay.[14] The MHRA has issued advice on the use of AAIs for patients and carers.[16]

Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.[14]

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

A written order signed and dated by the principal or head teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. Ideally appropriately headed paper should be used however this is not a legislative requirement.

In line with legislation requirements the order must state;

- (i) the name of the school for which the medicinal product is required,
- (ii) the purpose for which that product is required, and
- (iii) the total quantity required.

The signed order needs to be retained by the pharmacy for two years from the date of supply or an entry made into the POM register. Even where the signed order is retained it is good practice to make a record in the POM register for audit purposes.[17]

The number of AAIs that can be obtained by individual schools is not specified in legislation. Pharmacists should exercise their professional judgement when receiving requests for AAIs from schools.[17]

Pharmacists should be aware of the different strengths of AAIs that are available. The strength required will depend on the patient's age and bodyweight; pharmacists should refer to the British National Formulary (BNF) and Summary of Product Characteristics (SPC) for each product. The Department of

Health advises schools to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training but also that the decision as to how many brands they purchase will depend on local circumstances and is left to the discretion of the school.[17]

The Department of Health Guidance on the use of adrenaline auto-injectors in schools includes a suggested letter template to obtain an AAI from a community pharmacy that schools may find useful.[14]

Discussions with schools to support the safe uptake of the change in legislation regarding salbutamol inhalers and AAIs are encouraged.

Summary

- The Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' explain the legislative requirements and good practice guidance in this area.[2,3]
- POMs may not be administered in a school or early years setting unless they have been prescribed for a child by an 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.
- However, non-prescription OTC medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school or early years setting to give them.
- Medicine (both prescription and non-prescription) must only be administered to a child under 16 where written permission for that particular medicine has been obtained from the child's parent or carer.
- From 1st October 2014, legislation on prescription only medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.[11]
- From 1st October 2017, legislation on prescription only medicines changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in emergencies.[14]

References

1. Children and Families Act 2014 (c 6) Part 5 Pupils with medical conditions. Section 100. Accessed 24.04.18 via: http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted
2. Department for Education. Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, 2015. Accessed 24.04.18 via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf
3. Department for Education. Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five, 2017. Accessed 24.04.18 via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf
4. National Union of Teachers. Health and Safety Briefing: Administration of Medicines, 2016. Accessed 24.04.18 via: https://www.teachers.org.uk/help-and-advice/health-and-safety/a/administration-medicines
5. NHS Choices. Who can write a prescription? Accessed 21.05.18 via: https://www.nhs.uk/chq/Pages/1629.aspx?CategoryID=68
6. Solihull Borough Council. The administration of medicines in schools and settings. 6th Edition, January 2015. Accessed 24.04.18 via: http://www.solihull.gov.uk/Portals/0/ChildrenAndYoung/Medicines_in_School_2015.pdf
7. Diabetes in schools - information for teachers & staff. Accessed 21.05.18 via: https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff
8. NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. March 2018. Accessed 24.04.18 via: https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

9. British Medical Association. Prescribing non-prescription (over the counter) medication in nurseries and schools, 2016. Last updated 20 April 2018. Accessed 24.04.18 via: https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication
10. Wessex Local Medical Committee template letter. Accessed 24.4.18 Template letter via: https://www.wessexlmcs.com/Websitefiles/download/4212
11. Department of Health. Guidance on the use of emergency salbutamol inhalers in schools, March 2015. Accessed 24.04.18 via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
12. Royal Pharmaceutical Society. Supplying salbutamol inhalers to schools: A quick reference guide, 2014. Accessed 24.04.18 via: https://www.rpharms.com/resources/quick-reference-guides/supply-of-salbutamol-inhalers-to-schools
13. Department of Health. Amendments to the Human Medicines Regulations 2012 to allow supply of salbutamol inhalers to schools. Response to the consultation MLX 385, August 2014. Accessed 24.04.18 via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/341902/Department_of_Health_response_to_asthma_consultation.pdf
14. Department of Health. Guidance on the use of adrenaline auto-injectors in schools, September 2017. Accessed 24.04.18 via: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
15. Medicines and Healthcare Products Regulatory Agency. Adrenaline auto-injectors: updated advice after European review. Drug Safety Update volume 11 issue 1; August 2017: 3. Accessed 24.04.18 via: https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-updated-advice-after-european-review
16. Medicines and Healthcare Products Regulatory Agency. Adrenaline auto-injector advice for patients, 11 December 2014. Accessed 16.05.18 via: https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients
17. Royal Pharmaceutical Society. Supply of Spare Adrenaline Auto-injectors (AAIs) to Schools. Quick reference guide, September 2017. Accessed 24.04.18 via: https://www.rpharms.com/resources/quick-reference-guides/supply-of-spare-adrenaline-auto-injectors-aais
18. UNISON branch advice on the statutory guidance. Accessed 16.05.18 via: https://www.unison.org.uk/content/uploads/2017/08/24410.pdf
19. Health conditions in school alliance. Accessed 16.05.18 via: http://www.medicalconditionsatschool.org.uk/
20. National Education Union - Administering medication - our advice. Accessed 16.05.18 via: https://www.atl.org.uk/advice-and-resources/health-and-safety/administering-medication-our-advice

Additional PrescQIPP resources

Consent form templates

Available here: https://www.prescqipp.info/component/jdownloads/category/443-medicines-in-schools

Information compiled by Sue Smith, PrescQIPP CIC, July 2018 and reviewed by Katie Smith, Senior Medicines Evidence Reviewer, August 2018. Non-subscriber publication December 2018.

Contact help@prescqipp.info with any queries or comments related to the content of this document.

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). Terms and conditions