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Management of medicines in schools and early years settings

This bulletin aims to support schools and early years settings to enable children with medical needs to take medicines in school when needed. It provides clarity regarding the national legislation and good practice guidance on the administration of medicines in schools across the UK. Where this bulletin describes legislation or national guidance specific to England, summaries and links are provided to the equivalent guidance in Wales, Scotland and Northern Ireland.

Recommendations

- Be aware of the legislation and national guidance on the provision of medicines to children in schools including for:
  - England, the Children and Families Act 2014, section 100 and the Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and the 'Statutory Framework for the Early Years Foundation Stage' and any applicable local authority or school policies and procedures.
  - Wales, Supporting learners with healthcare needs and any applicable local authority or school policies and procedures.
  - Scotland, Supporting children and young people with healthcare needs in schools: guidance and any applicable local authority guidance or school policies.
  - Northern Ireland, Department of Education (DE) and Department of Health, Social Services and Public Safety (HSSPS), Supporting pupils with Medication Needs 2008; and any applicable local education authority or school policies.
- Work with local government schools and early years support teams to ensure that schools and early years settings follow the requirements for the management of Controlled Drugs (CDs), Prescription Only Medicines (POMs) and over the counter (OTC) medicines. This is likely to include advice on school protocols and procedures, and staff training.
- Continue to promote self care to schools and early years settings.
- Ensure that local government school support teams across the UK are aware that a change in legislation on POMs allows schools to buy salbutamol inhalers, appropriate spacer devices and adrenaline auto-injector (AAI) devices without a prescription if they wish to do so, for use in emergencies.
- An appropriate healthcare professionals should undertake a medication review for children taking regular prescribed medication to ensure their doses are once or twice daily where possible so that all doses can be taken at home to reduce the need for medicines administration in school hours.

Background

The administration of medicines in schools and early years settings, such as nurseries, can be a contentious area with confusion sometimes created between schools, parents, and health care providers.

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. There is no legal requirement for staff to administer medication to a child. The administration of medicines in schools or nurseries is entirely voluntary and is not a contractual duty unless expressly stipulated within an individual's job description.

For example, the National Association of Schoolmasters Union of Women Teachers (NASUWT) (a TUC-affiliated trade union representing teachers throughout the UK) advises members not to do so, instead advising that schools employ appropriately trained and qualified support staff to administer medications to pupils and/or ensure that appropriate specialist, external medical support is available.[1] In practice, many school and nursery staff do administer medicines and so they must receive appropriate information, support, training and indemnification before doing so.[1,2]

Schools are required by statute to make arrangements to support pupils with medical conditions. A medical condition is a physical or mental health condition as diagnosed by a healthcare professional which results in a child requiring special adjustments for the school day. However, many illnesses, such as common childhood diseases or self-limiting minor ailments, are not covered under this duty. Nevertheless, most schools will wish to support full attendance and so will make voluntary arrangements to support giving medication to children following parental request to administer non-prescription medicines.

This bulletin aims to support schools and early years settings to enable children with medical needs to receive their medication in school in a safe and timely manner. It also aims to ensure that local government school support teams and school staff are supported to manage medicines in schools within a robust framework.

Section 100 of the Children and Families Act 2014 places a statutory duty on school governing bodies to make arrangements to support pupils with medical conditions in England.[3] Section 100 does not apply in Wales, Scotland or Northern Ireland.

The Department of Education document, 'Supporting Pupils at School with Medical Conditions'[4] contains both statutory guidance and non-statutory advice and is intended to help schools in England meet their legal responsibilities. This statutory guidance applies to:

- Governing bodies of maintained schools (excluding maintained nursery schools).
- Management committees of Pupil Referral Units (PRUs).
- Proprietors of academies, including alternative provision (AP) academies (but not including 16–19 academies).

The governing body (or above equivalent) should ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. The aim of the school policy is to ensure that all pupils with medical conditions are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their full academic potential.[4]

Early years settings follow the Department of Education 'Statutory Framework for the Early Years Foundation Stage' which is mandatory for all early years' providers in England:

- Maintained schools.
- Non-maintained schools.
- Independent schools.
- Free schools and academies.
- All group-based providers on the Early Years Register.
- All providers registered with an early years' childminder agency.[5]

All settings in England that support children with special educational needs or disabilities follow the statutory guidance, 'Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 Years'.[6]

Section 100 of the Children and Families Act 2014 does not apply in Wales, Scotland and Northern Ireland. However, similar statutory guidance is available in each of these countries.[7-12]

Refer to the country specific guidance outlined in table 1 and country specific text boxes for a summary of the relevant guidance in Scotland, Wales and Northern Ireland.[7-12]

National legislation and guidance

The regulatory frameworks for medicines in schools vary across the UK as each nation has their own legislation and guidelines regarding the administration of medicines in schools. These are outlined in table 1.

Table 1. Country specific information for the administration of medicines in schools

Country	Legislation	Guidance	AAIs	Salbutamol inhalers	Templates	Early years settings
England	Children and Families Act 2014, section 100	Supporting Pupils at School with Medical Conditions Local authority policies School policies	Regulation 8 Human Medicines (Amendment) Regulations 2017 Regulation 22 Human Medicines (No. 2) Regulations 2014	Regulation 27 Human Medicines (Amendment) (No. 2) Regulations 2014 Regulation 22 Human Medicines (No. 2) Regulations 2014	Supporting pupils at school with medical conditions: templates	Statutory Framework for the Early Years Foundation Stage
Wales		Supporting learners with healthcare needs Local authority policies School policies	Guidance on the use of emergency adrenaline auto-injectors in schools in Wales	Guidance on the use of emergency salbutamol inhalers in schools in Wales	Supporting learners with healthcare needs: templates	National minimum standards for regulated childcare
Northern Ireland		Supporting pupils with Medication Needs 2008 Local education authority policies School policies	Guidance on the use of adrenaline auto-injectors (AAIs) in schools in Northern Ireland	Guidance for the use of emergency salbutamol inhalers in schools	Supporting pupils medication needs - forms	Child minding and day care for children under age 12 standards
Scotland		Supporting Children and Young People with Healthcare Needs in Schools (2017) Local authority policies School policies	Annex B: Other condition specific information. The use of adrenaline auto-injectors in schools	Annex A: guidance for education authorities, NHS boards and schools in Scotland on the emergency use of salbutamol inhalers		Management of medication in day care of children and childminding services

Supporting pupils at school with medical conditions in England

If medicines are to be administered, schools must have a policy and implement procedures for doing so.[4] Policies should include, for example:

- The procedure when a school is notified that a pupil has a diagnosed medical condition. It will describe the role of individual healthcare plans (IHPs) which every child with a diagnosed medical condition is likely to have.
- Procedures to be followed for managing medicines including children who are competent to manage their own health needs and medicines. Written records must be kept of all medicines administered to children.
- Risk assessments for emergency situations and school activities outside of the normal timetable (e.g. school trips).
- How sufficient staff will receive suitable training and be deemed competent before they take on responsibility to support children with medical conditions, including in contingency and emergency situations. Suitable staff training should be identified during the development or review of IHPs, and a written record of all staff training should be kept. The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
- Arrangements for whole-school awareness training so that all staff are aware of the school policy for supporting pupils with medical conditions. Therefore, common staff training requirements in schools are likely to include an understanding of the management of epilepsy, diabetes, asthma and allergies.

'Supporting Pupils at School with Medical Conditions' states that school procedures should reflect that:[4]

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No child under 16 years old should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Schools should set out the circumstances in which non-prescription medicines may be administered.
- Staff must not give medicines without appropriate training. In some cases, written instructions from the parent, or on the medication container may be considered sufficient, but ultimately this is for the school to decide.
- A child under 16 should never be given medicine containing aspirin unless 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.
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist (or dispensing doctor) 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 inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and AAIs should always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, on school trips.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- A child who has been prescribed a CD 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. Schools should otherwise keep CDs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. A record should be kept of any doses used and the amount of the CD held. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- Schools should keep a record of all medicines administered to individual children, 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 noted by the school.

Individual Healthcare Plans in England

IHPs should provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where medical conditions are complex or can fluctuate or where there is a high risk that an emergency intervention will be needed. However not all children will require one; the school, relevant healthcare professional and parent can agree when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.[4]

IHPs are drawn up in partnership between the school, parents, and a relevant healthcare professional who is best able to advise on the particular needs of the child. Pupils should also be involved whenever appropriate. Headteachers have overall responsibility for the development of IHPs. School nurses are responsible for notifying a school when a child has been identified as having a medical condition which will require support in school. They may then support staff on implementing a child's IHP and provide advice and liaison, for example with lead clinicians on appropriate support for the child and associated staff training needs.

IHPs should be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.[4]

When deciding what information should be recorded in IHPs, the following should be considered in relation to medication:[4]

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting medication needs (e.g. dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors) and travel time between lessons.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies.
- Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities.

A template IHP is available as part of 'Supporting Pupils at School with Medical Conditions'.[4]

Wales

'Supporting learners with healthcare needs'[7] states that governing bodies must ensure plans, arrangements and procedures to support learners with healthcare needs are in place and are properly and effectively implemented. These arrangements and procedures should be placed within a single healthcare needs policy for the education setting and a template policy is available at https://www.gov.wales/supporting-learners-healthcare-needs-templates-and-guidance.

The education setting should create procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. Where appropriate, IHPs should be developed for particular learners. The education setting, under the guidance of the appropriate healthcare professionals, parents and the learner, should develop the IHP in partnership. Section 3 of the guidance describes this process and a checklist of what an IHP should contain. Section 2.5 describes the guidance for procedures and record keeping, and Section 2.6 describes how medicines should be managed in that setting (e.g. storage, access and administration).

Scotland

Chapter 4 of 'Supporting Children and Young People with Healthcare Needs in Schools'[8] contains all the relevant guidance, for example:

- Contents of a school medical conditions policy.
- The development of IHPs and guidance on what an IHP should include.
- Dealing with medicines. For example the school should seek written consent (usually through a standard form) that medication may be administered; wherever practical, dosage and administration should be witnessed by a second adult; for children and young people who self-manage their own non-prescribed medication it is recommended that pupils carry as little medication as possible in the original pack.

Northern Ireland

'Support for pupils with medication needs'[9] describes the contents of a model school policy in Part I Sections 4-6, for example:

- The circumstances in which children may take non-prescription medication; or in which children may carry and take their medication themselves.
- The need for prior written agreement from parents or guardians for any medication, prescribed or non-prescription, to be given to a child.
- Safe storage of and arrangements for access to medication. For example schools should not store large volumes of medication; schools should keep CDs in a locked non-portable container and only named staff should have access (and a record should be kept for audit and safety purposes).

Part II of the guidance deals with all aspects of medicines administration, e.g. how to accept supplies of medication; consent forms for medicines administration; the role of Medication Plans and how to manage non-prescription medication in school. The need for Medication Plans for pupils with more complex or long term needs should be reviewed at least once a year.

A template Medication Plan (Form AM1) is available at https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs-guidance-forms.

Examples of template forms from across the UK

In England, template forms are available at https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 and include:

- Template A: Individual healthcare plan
- Template B: Parental agreement for setting to administer medicine
- Template C: Record of medicine administered to an individual child
- Template D: Record of medicine administered to all children
- Template E: Staff training record – administration of medicines

In Wales, template forms are available at https://www.gov.wales/supporting-learners-healthcare-needs-templates-and-guidance and include:

- Form 2: Parental agreement for education setting to administer medicine
- Form 3: Headteacher/head of setting agreement to administer medicine
- Form 4: Record of medicine stored for and administered to an individual learner
- Form 5 – Record of medicines administered to all learners – by date
- Form 6 – Request for learner to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

In Northern Ireland, template forms are available at https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs-guidance-forms and include:

- Form AM1 - Medication plan
- Form AM2 - Request for a school to administer medicine
- Form AM3 – Request for pupil to carry medicine
- Form AM4 – Record of medicine administered to individual children
- Form AM5 - Record of medicines administered
- Form AM6 – Record of medical training for staff
- Form AM7 – Administration of rectal diazepam
- Medical needs sample contact sheet

Advice from the teaching unions

Sitting alongside national guidance across the UK, is the advice and useful checklists from the national teaching unions. For example:

Advice from the NASUWT includes that schools across the UK should ensure, as a minimum, that:[1]

- All staff are issued with clear written guidelines on the administration of medication.
- Relevant staff receive appropriate training.
- All medicines are kept in a suitably approved, locked drugs cabinet. Each medicine should be in a separate container clearly labelled with the contents, the dosage, frequency of administration, duration of course, date of prescription and the pupil's name.
- An up-to-date and detailed record of drug administration is kept in a designated place.
- There is easy access to qualified medical/nursing advice when needed.
- A risk assessment of the activity is undertaken and an Individual Healthcare Plan arranged for the pupil.
- Appropriate indemnification is provided for any member of staff involved in the administration of medication to a pupil.

Similarly, advice from the National Education Union (NEU) (a trade union in the UK for school teachers, further education lecturers, education support staff and teaching assistants) states that a school medicines policy should include:[2]

- Procedures for the management of prescription medicines which need to be taken during the working day.
- Procedures for managing medicines on school trips and home-to school/college transport.
- Roles and responsibilities of any staff managing or supervising the administration of medicines.
- Parental responsibilities regarding their child's medical needs, and the requirement for prior written agreement from parents for any medicines to be given to their child.
- Circumstances in which non-prescription medicines may be taken by children.
- Policies on assisting children with chronic or complex medical needs.
- Policies on children carrying/self-administrating medicines.
- Staff training and indemnification.
- Record keeping (e.g. of administration, running balances and expiry dates).
- Safe storage of medicines.
- Access to emergency procedures.

Early years settings in England

Early years settings follow the 'Early Years Foundation Stage Statutory Framework' guidance which is mandatory for all early years' providers in England. Sections 3.52 - 3.54 of the framework set out the specific requirements on managing medicines for children under five years of age.[5] This includes that:

- They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection.

For this, early years settings will follow the UK Health Security Agency (UKHSA) guidance 'Health protection in children and young people settings, including education' which is useful to refer to, if for example, settings are requesting prescriptions for anti-bacterial eye preparations for all cases of conjunctivitis. In this case, the UKHSA guidance states:[13]

- Conjunctivitis can be caused by bacteria, viruses or allergies.
- The eye(s) become(s) reddened and swollen and there may be a sticky or watery discharge. Eyes usually feel sore or itchy and 'gritty'. Topical ointments or eye drops can be obtained from a pharmacy to treat the infection.
- Exclusion is not required.
- Advise individuals, parents or carers to seek advice from their local pharmacist.
- Encourage the individual not to rub their eyes and to wash their hands frequently.
- Advise the affected individual to avoid sharing towels, flannels and pillows.

The NHS information at https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/ is also a useful source of information.

- Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).[5]

- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. 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 practicable.[5]

Therefore, this guidance is useful to refer to if early years settings are refusing to accept medication that has not been prescribed. Other useful sources of information include advice from the British Medical Association which states:[14]

- GPs are often asked to prescribe over-the-counter medication to satisfy nurseries and schools. This is a misuse of GP time, and is not necessary.
- Non-prescription or over-the-counter medication does not need a GP signature or authorisation in order for a school, nursery or childminder to give it.
- It is appropriate for over-the-counter medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents.

In addition, the NHS England 'Guidance on conditions for which over the counter items should not routinely be prescribed in primary care' should also be referred to.[15]

Scotland

'Management of medication in day care of children and childminding services'[10] describes a number of considerations, for example:

- That the care service provider needs to consider whether their staff will administer medication or not (for example a service which only operates for a couple of hours might decide not to administer medication).
- What should be covered in the care service provider's policy and procedures on managing medicines, e.g.:
  - Obtaining and recording consent.
  - Children carrying and taking medication themselves.
  - Medication management during trips and outings.
  - Storage of medication including information that each individual child's medication should be kept separate and stored in an individual container clearly labelled with the child's name and date of birth. If the care service has to store Schedule 2 CDs like methylphenidate, then these should be kept in a locked receptacle which can only be opened by authorised people.
  - Only accepting medication that is in its original container clearly labelled with the child's name.
- Care service staff should not give the first dose of a new medicine to a child or administer medication if they do not know what it is or what it is for.
- Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers.
- Staff should know what to do if the child spits out or refuses the medication. Parents should always be told if this happens.
- Advice on the administration of OTC medicines for self-limiting illnesses (e.g. childcare service providers should not purchase and keep stocks of medicines for communal use just in case a child displays symptoms of a minor ailment).
- What records should be kept, e.g. the guidance contains a list of what a medicines record should include and states that there is no legal requirement for children's care services to keep additional CD records, however some services may want to do so as good practice.

Wales

Standard 11 of the 'National minimum standards for regulated childcare'[11] describes the standards for the management of medication, for example:

- There is a clear policy about the storage and administration of medication.
- The parent gives written permission before any medication is given.
- If medication is administered to a child, this is with an understanding of the possible side effects of the medication. If medication is self-administered by the child, this is in line with written guidance from the parent and with an understanding of the possible side effects of this medication.
- Information is gained to establish from the person delivering the child exactly when medication was last administered.
- Prescription medicines are not administered unless a doctor has prescribed them for that child.
- If the administration of prescription medicines requires technical or medical knowledge, then individual training is provided by a qualified health professional. Training is specific to the individual child concerned.
- Any medicine received into the setting is not out of date.
- Medication is stored in the original container, clearly labelled with the child's name and must be inaccessible to children.
- Written records are kept of all medicines administered to children and parents sign the record book to acknowledge the entry.

Northern Ireland

Standard 3 of 'Child minding and day care for children under age 12: Minimum Standards'[12] describes how the overall health and wellbeing of the child is promoted and safeguarded, for example:

- Providers should have a policy and written procedures on the management of medicines (an example medicines policy is described in Section 5).
- Medicines should be administered to children only after discussion with parents and with written permission for each period of sickness.
- All medicines are inaccessible to children.

The example medicines policy includes a number of statements, including -

- A personal medication record is maintained for each child.
- (In Day Care Settings) Staff who manage and/or administer medicines receive training or guidance and are competent to do so. A record is kept of all medicines management training.
- Staff will not make changes to dosages on parental instructions.
- The arrangements for the administration of medicines comply with the terms of any insurance cover.

Medicines in special schools

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010 (in England, Wales and Scotland) or the Disability Discrimination Act 1995 (in Northern Ireland). Where this is the case, governing bodies (or equivalent) must comply with their duties under that Act. Some children may also have special educational needs (SEN).

In England, an accompanying Education, Health and Care (EHC) plan brings together health and social care needs, as well as their special educational provision. For children with SEN, who have medical conditions that require EHC plans, compliance with the SEND code of practice[6] is also required in England and the IHP should be linked to or become part of the EHC plan.[4]

Special schools will need an enhanced level of support due to the medication that these settings are likely to deal with, for example:

- Depending on travel arrangements to school, special schools are more likely to request that parents ask for a split supply of prescribed medication to keep at home and then in the setting.
- Dealing with CDs, particularly if these are stored at school outside normal opening hours (see section on controlled drugs on page 20).
- Specialist training requirements for the management of e.g. buccal midazolam and rectal diazepam. Schools will refer to their intimate care policy when deciding how to manage medication which requires rectal or buccal administration, e.g. does the policy require that the dosage and administration is witnessed by a second member of staff.
- Resources available from The National Centre for Young People with Epilepsy charity https://www.youngepilepsy.org.uk/guide-schools-about-seizures-schools/guide-schools-emergency-medication include links to template recording forms and sources of training (e.g. best practice training guidelines for the administration of buccal midazolam). A competency checklist is available from the Epilepsy Nurses Association https://esna-online.org/best-practice-guidelines-for-training-professional-carers-in-the-administration-of-buccal-oromucosal-midazolam). The Scottish guidance 'Supporting children and young people with healthcare needs'[8] states that staff administering epilepsy rescue medication must be appropriately trained and should have epilepsy training refreshed at least every two years.

Emergency salbutamol inhalers and AAIs in schools

The Human Medicines (Amendment) (No. 2) Regulations 2014 amended the Human Medicines Regulations 2012, which provided schools across the UK with discretionary powers to buy and hold salbutamol inhalers, without a prescription, for use in emergencies from 1 October 2014.

Similarly from 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allowed schools across the UK to obtain, without a prescription, AAI devices, if they wish, for use in emergencies.

Only those institutions listed in regulation 22 of the Human Medicines (No. 2) Regulations 2014 (which amended regulation 213 of the Human Medicines Regulations 2012) may legally hold emergency inhalers and spare AAIs. Therefore, this change applies to all primary and secondary schools in the UK.

The guidance below is described in detail for England,[16,17] but is very similar across the devolved countries. See the text box below on pages 16-17 for a summary of the relevant guidance in Scotland, Wales and Northern Ireland.[8,18-21]

Salbutamol inhalers in schools in England

'Guidance on the use of emergency salbutamol inhalers in schools' [16] contains the relevant guidance for schools in England.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do so if they wish. Schools that choose to keep emergency salbutamol inhalers and spacers should establish a protocol for their use and cross-reference this 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. 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, empty or out-of-date.

The emergency salbutamol guidance contains the following useful information:[16]

- Template forms for parental consent and notification to parents of emergency salbutamol use.
- That the school protocol should include the following:
  - Having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
  - Having written parental consent for use of the emergency inhaler included as part of a child's IHP.
  - Appropriate support and training for staff in the use of the emergency inhaler.
  - Keeping a record of use of the emergency inhaler and informing parents that their child has used the emergency inhaler.
  - Arrangements for the inhaler and spacer:
    - Supply
    - Storage - the emergency kit should not be locked away, and should be kept separate from any child's inhaler.
    - Care - e.g. that the plastic inhaler housing which holds the canister has been cleaned and dried following use.
    - To avoid possible risk of cross-infection, the plastic spacer 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.
    - Disposal of the inhaler and spacers – spent inhalers should be returned to the pharmacy for recycling or disposal rather than being thrown away with the general waste. To return inhalers to the pharmacy, schools have to register as lower-tier waste carriers as spent inhalers counts as waste for disposal. Registration as a lower-tier waste carrier is online, free and doesn't usually need to be renewed for future years. The process varies by country, so ensure that the correct countries registration website is selected available at: England, Northern Ireland, Wales, Scotland.
    - Staff checks - on a monthly basis ensuring the inhaler and spacers are in working order, and the inhaler is in date and has sufficient number of doses available.
- Having at least two designated members of staff responsible for ensuring the protocol is followed and who should be trained in:
  - Recognising asthma attacks.
  - Responding appropriately to a request for help from another member of staff.
  - Recognising when emergency action is necessary.
  - Administering salbutamol inhalers through a spacer.
  - Making appropriate records of asthma attacks.
- That an emergency asthma inhaler kit should include:
  - A salbutamol metered dose inhaler.
  - At least two plastic spacers compatible with the inhaler.
  - Instructions on using, cleaning and storing the inhaler and spacers.
  - A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded and a note of the arrangements for replacing the inhaler and spacers.
  - A list of children permitted to use the emergency inhaler as detailed in their IHPs.
  - A record of administration.

- Schools should consider keeping more than one emergency kit, especially if covering more than one site.
- That all school staff should be:
  - Trained to recognise the symptoms of an asthma attack.
  - Aware of the school asthma policy.
  - Aware of how to check if a child is on the school asthma register.
  - Aware of how to access children's inhalers and the school emergency inhaler.
  - Aware of who the designated members of staff are and how to access their help.
- Salbutamol is still classified as a POM; legislation changes only affect 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 a 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:
  - The name of the school for which the medicinal product is required.
  - The purpose for which that product is required.
  - The inhaler product details (including strength and spacer if relevant).
  - The total quantity required.[16,22]
- Schools can buy inhalers in small quantities provided it is done on an occasional basis and the school does not intend to profit from it. Pharmacies are not required to provide inhalers or spacers free of charge to schools: the school must pay for them as a retail item.

As part of this retail sale, community pharmacies should provide advice on:[16,22]

- Inhaler technique and selection of the most appropriate spacer device for different age groups. Useful websites to signpost to include:
  - PrescQIPP inhaler technique assessment videos and leaflets and PrescQIPP Spacer videos and leaflets
  - Inhaler information at www.rightbreathe.com which includes training videos and cleaning instructions.
  - Inhaler technique training videos from Asthma + Lung UK at https://www.asthmaandlung.org.uk/living-with/inhaler-videos
- Correct storage, care, and disposal.
- The importance of record keeping, regular date checking and when to replace.
- 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.

Adrenaline auto-injectors in schools in England

'Using emergency adrenaline auto-injectors in schools'[17] contains the relevant guidance for schools in England.

As for emergency salbutamol inhalers, schools are not required to hold AAI(s) – this is a discretionary power enabling schools to do so if they wish. 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.[4] 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 obtained. This information should be recorded in the child's IHP and all children with a diagnosis of an allergy and at risk of anaphylaxis should have an allergy management plan as part of their IHP. A template plan is available from the British Society for Allergy and Clinical Immunology (BSACI).[23]

Children at risk of anaphylaxis should have their own 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 or the AAI device could be used incorrectly or occasionally misfire.[17,24,25]

Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. 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 and not locked in a cupboard or an office where access is restricted. Schools should ensure that AAIs are not located more than 5 minutes away from where they may be needed.[17]

It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.

Parents may therefore request that a total of four AAIs are prescribed, two for school and two for other times. This can be reduced back to two once the child is able to administer and allowed to carry their own AAIs at school.[26]

Prescribers are therefore advised to issue no more than two AAIs per patient unless schools require separate AAIs to be kept on the school premises in which case, prescribers may need to consider issuing more than two but no more than four AAIs per child.[27]

The emergency adrenaline auto-injectors in schools' guidance contains the following useful information:[17]

That the school protocol should contain the following:

- Arrangements for the supply, storage, care, and disposal of spare AAI(s). Any spare AAI devices held in the emergency kit should be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion with that prescribed to a named pupil. Used AAIs should be given to the ambulance paramedics on arrival.
- Having a register of pupils who have been prescribed AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis to children who are not prescribed an AAI). A copy of this allergy register should be kept with the emergency kit.
- Having written consent from the pupil's parent for use of the spare AAI(s), as part of a pupil's IHP.
- Appropriate support and training for staff in the use of the spare AAI.
- Keeping a record of use of any AAI(s) and informing parents that their child has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.
- A checklist of AAIs, identified by their batch number and expiry date, with monthly checks recorded and a note of the arrangements for replacing them.

- Having named volunteers for ensuring the protocol is followed. Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage to avoid any delay in treatment. These designated members of staff should be trained in:
  - Recognising the range of signs and symptoms of severe allergic reactions.
  - Responding appropriately to a request for help from another member of staff.
  - Recognising when emergency action is necessary.
  - Administering AAIs.
  - Making appropriate records of allergic reactions.
- Call 999 without delay if someone appears to be having a severe allergic reaction (anaphylaxis), even if they have already used their own AAI device, or a spare AAI.
- That a spare AAI kit should include:
  - One or more AAI(s).
  - Instructions on how to use and store the device(s).
  - A checklist of AAIs, identified by their batch number and expiry date, with monthly checks recorded.
  - A note of the arrangements for replacing the injectors .
  - A list of children to whom the AAI can be administered as detailed in their allergy management plan and IHP. A copy of the most up to date relevant section of the care plan for each child will also save time if this emergency kit is required.
  - An administration record.
- Schools should consider keeping more than one emergency kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit.
- That all school staff should:
  - Be trained to recognise the range of signs and symptoms of an allergic reaction.
  - Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction and appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs.
  - Be aware of the allergy management policy.
  - Be aware of how to check if a child is on the allergy register.
  - Be aware of how to access the AAI (prescribed or spare).
  - Be aware of who the designated members of staff are, and how to access their help.
- The guidance states that because severe anaphylaxis is an extremely time-critical situation and delays in administering adrenaline have been associated with fatal outcomes, it is appropriate for as many staff as possible to be trained in how to administer an AAI.[17]
- 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 a 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:
  - The name of the school for which the medicinal product is required.
  - Product details.
  - The purpose for which that product is required.
  - The total quantity required.
- Schools can buy AAI(s) in small quantities provided it is done on an occasional basis and the school does not intend to profit from it. Pharmacies are not required to provide AAIs free of charge to schools: the school must pay for them as a retail item.[17] Some schools may not have the budget to

be able to purchase emergency AAIs for example smaller schools, or larger schools where a greater number of AAIs would need to be stocked across the school to effectively implement the guidance.

- A template letter which can be used for the purpose of a signed order is provided in the guidance.[17]
- As part of this retail sale, community pharmacies should provide advice on:[28]
  - A reminder that early administration is vital as soon as they notice any signs or symptoms of anaphylaxis.
  - The availability of brands and strengths of AAI to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Schools should consider the ages of their pupils at risk of anaphylaxis and follow the Resuscitation Council (UK) age-based guidelines.[29]
  - Sources of AAI technique training videos, e.g. from the manufacturers websites (including ordering placebo training devices) or at http://www.sparepensinschools.uk
  - Correct storage, care, and disposal.
  - The importance of record keeping, regular date checking and when to replace.
- 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.[28]

Scotland

Annex A of 'Supporting children and young people with healthcare needs in schools' contains the guidance on the use of emergency salbutamol inhalers.[8]

This contains guidance including how to purchase inhalers from pharmacies with a signed order, the contents of the emergency asthma kit, contents of a policy for emergency use of salbutamol inhalers, staff, training and maintaining an asthma register.

Annex B of 'Supporting children and young people with healthcare needs in schools' contains the guidance on the use of spare AAIs.[8] This contains guidance including how to purchase AAIs from pharmacies with a signed order, the contents of the spare AAI kit, maintaining an allergy register, and staff training (face-to-face training is recommended).

Wales

The 'Use of emergency salbutamol inhalers in schools' provides advice and guidance about what a policy should contain, including:[18]

- If the school chooses to hold an emergency inhaler, a policy on its use is required which should be incorporated into the school's healthcare needs policy (the guidance describes what information should be included in the policy).
- That the emergency asthma kit should include the register of children and young people who have been diagnosed with asthma / prescribed a reliever inhaler to allow staff members to check parental/carer consent in the event of an asthma attack. Annex A contains a consent form.
- A community pharmacy will need a request signed by the headteacher, ideally on appropriately school headed paper, to order the salbutamol inhaler and appropriate spacer.

Similarly, 'Use of emergency adrenaline auto-injectors in schools' provides advice and guidance on what an AAI policy should contain, including:[19]

- The information that should be included in the emergency AAI policy and the emergency AAI register to identify pupils to whom spare AAIs can be administered in the event of an emergency. Annex B contains a consent form.
- Annex A contains a template letter to purchase AAI(s) from pharmacies.

Northern Ireland

'Guidance on the use of AAIs in schools in Northern Ireland' contains advice on what an effective protocol should include, for example:[20]

- Arrangements for the supply (as part of a school allergy register), storage (as part of an emergency anaphylaxis kit), care, and disposal of spare AAIs.
- Written consent from the pupil's parent/legal guardian for use of the spare AAIs, as part of a pupil's Medication Plan.
- Ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental/guardian consent have been provided.
- Appropriate support and training for staff in the use of the AAI in line with the school's wider policy on supporting pupils with medication needs.
- How to obtain AAIs. Annex 1 contains a template pharmaceutical supplier letter.

'Guidance for the use of emergency salbutamol inhalers in schools' contains advice on what a school protocol or policy should contain, for example:[21]

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medication needs.
- Keeping a copy of the asthma register with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's Medication Plan. Annex A contains a consent form.
- Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

Providing medicines management advice to settings

Over and above the national guidance described above, local government school and early years support teams are likely to need medicines management support in the following areas. **Note**: The term 'school' below can be equally applied to other settings, such as nurseries.

Accepting medication

- For children 16 years old and under, 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 if 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.
- Schools should consider how receipt of medication is handled, e.g. at school reception. This is of particular importance where receipt involves a CD.
- Schools should only accept prescribed medicines if these are in-date, labelled with the 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 (with the exception of insulin, which must be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container).[4]
- 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.

- Schools should be made aware that children are likely to receive a maximum of four weeks supply of prescription medication at a time (this will certainly be the case for CDs). It is usual practice for a maximum of a term time supply of medication to be held at school at any one time, and for this medication to be returned at the end of each term.

Administration

- POMs must not be administered unless they have been prescribed for a child by an 'Appropriate Practitioner', for example a doctor, dentist, prescribing nurse or prescribing pharmacist. However, non-prescription medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school to give them.[14]
- Medication (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, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. If a school is requested to administer medication, parents should complete and sign a parental consent to medicine administration form, and schools are likely to use the national template described above.[4]
- Dose changes should only be accepted if they are on the label of a prescribed medicine. The school will not make changes to dosages on parental instructions.[9]
- Sharps boxes should always be used for the disposal of needles and sharps.[4] Schools can buy sharps bins. Arrangements for collecting and disposing of full sharps bins vary depending on the area. A school's local council should be contacted to find out if they offer a sharps bin 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 sharps bins. Sharps bins are included in the drug tariff and so are available on prescription and parents could be asked to bring in a sharps bin for use in school. However, the full sharps bin would still need collecting for disposal. If a local pharmacy were agreeable to have full sharps bins returned to them the school would need to register as a low-tier waste carrier. Registration as a lower-tier waste carrier is online, free and doesn't usually need to be renewed for future years. The process varies by country, so ensure that the correct countries registration website is selected for England, Northern Ireland, Wales, Scotland.

Common administration issues for schools

When should schools administer non-prescription medicines?

Schools should be made aware that health professionals are likely to advise parents to purchase OTC medicines for children with short-term minor ailments.[14] General issues for schools to consider include that:

- Schools will wish to support full attendance and hence should consider making arrangements to support giving non-prescription medicines following parental request.
- Non-prescription medicines should not be administered for longer than is recommended. For example, most pain relief medicines will be recommended for three days use before medical advice should be sought.
- The parent should be asked to bring the medicine in on at least the first occasion. This will enable the appropriate paperwork to be signed by the parent and a check of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage; and be in date. The name of the child can be written on the container by an adult if this helps with identification.

Should a school be required to administer a medicine that is to be given three times a day?

Once or twice daily medications are preferred to avoid the need to administer medicines in school. Schools should consider each child's individual circumstances when determining if administration of a medicine is appropriate during school hours. For example, nursery and primacy school children have earlier bedtimes and so may need their medicine during school hours to allow for three times a day dosing during waking hours. In some cases it may be possible to find alternative medicines that do not need to be given during school hours. For example, using ibuprofen which is given less frequently than paracetamol. It is recommended that an appropriate healthcare professionals undertake a medication review for children taking regular prescribed medication to ensure their doses are once or twice daily where possible so that all doses can be taken at home to reduce the need for medicines administration in school hours.

For best practice, labelling on prescribed medication should indicate specific timings if a medicines is going to be taken during school hours, e.g. to be taken three times a day in the morning, at lunchtime and at night (see examples of ideal instructions for schools table on page 22).

Other common issues to provide guidance on could include:

- What does administration with food or on an empty stomach mean?
- How should topical preparations be applied?

Storage

- Medicines and devices such as asthma inhalers and AAIs should be always readily available to children and not locked away. Schools should ensure that children have access to two in-date AAIs at all times, and that AAIs are not located more than five minutes away from where they may be needed.[17] Practical ideas to manage this include:
  - For reliever inhalers, ensuring that staff on break duty carry the school emergency inhaler and spacer. If a child's IHP states that they are asthmatic, making sure they have their reliever inhaler with them at break time.
  - For AAIs, ensuring that staff in the dining room and on break duty are aware of which children are at risk of anaphylactic reactions and which staff have been trained in the administration of the AAI.
- CDs should be kept in a locked non-portable container and only named staff should have access (see page 20).[4]
- 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, and not in the fridge door. The temperature should be monitored daily (2-8°C).[30]
  - When no longer required, medicines should be returned to the parent or carer. Parents or carers should routinely collect medicines held by the school at the end of each term. Parents could be sent reminders to collect the medicines held by the school to ensure they are not forgotten. Information on collecting medicines at the end of term or when the medicine is no longer needed could be added to the 'parental agreement for setting to administer medicine' form. If medicines are uncollected despite reminders and the pupil has left the school, the local council public health team may be able to advise on what the school should do with the uncollected medicines. For example, they may be advised to return the medicines to a local community pharmacy for disposal. The school would need to register as a low-tier waste carrier to be able to return the medicines to the pharmacy. The process varies by country, so ensure that the correct countries registration website is selected for England, Northern Ireland, Wales, Scotland.
- Sharps boxes should always be used for the disposal of needles and other sharps. Records should be kept for audit purposes.

Record keeping

- National template forms are available across the UK.[4,7,9]
- Schools 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 should also be documented.[4]
- If medicines are stored on school premises outside school hours, then regular checks on medicine expiry dates should be performed and recorded.[2]
- For CDs, a record should be kept for audit and safety purposes of any doses used and the amount of the CD held (see below).[31]
- Consider how the school deals with medication incidents.

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.[4]
- It is not generally acceptable practice to:[4]
  - » Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
  - » Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child.
- 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 a large number of pupils, then storing each child's medication in a named and sealed plastic bag in one box is acceptable. Full boxes of medication should be transported.
- 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.[17]

Controlled drugs

The following section provides a checklist for advising schools on the management of CDs based on good practice guidance in NHS settings from NICE in England.[31]

Which drugs should be treated as CDs?

By way of explanation to schools:[32]

- » Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CDs). Stricter legal controls apply to CDs to prevent them from being misused. These legal controls govern how they are prescribed, supplied and stored. The Misuse of Drugs regulations include 5 Schedules that classify all CDs.
- » Methylphenidate is a Schedule 2 CD and must meet both CD safe storage and additional recording requirements. Brand names of methylphenidate include Concerta® XL and Medikinet® XL. A list of all methylphenidate preparations is available at https://bnf.nice.org.uk/drugs/methylphenidate-hydrochloride/medicinal-forms/.
- » Morphine sulfate oral solution 10mg in 5ml (e.g. Oramorph) contains low quantities of morphine and therefore does not have any additional safe storage or recording requirements.
- » Similarly, neither tramadol nor midazolam have any additional safe storage or recording requirements.

Consider signposting schools to the BNF Medicines Guidance on Controlled drugs and drug dependence at https://bnf.nice.org.uk/medicines-guidance/controlled-drugs-and-drug-dependence/ for more detailed explanation. Alternatively, schools can access a list of the most commonly encountered CDs under the misuse of drugs legislation at https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation.

General considerations include:

As described above, advice to schools includes that:[4]

- A child who has been prescribed a CD 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.
- Schools should otherwise keep CDs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.
- A record should be kept of any doses used and the amount of the CD held.

Therefore, particularly for schools that keep CDs on the premises outside of normal school hours, it is advised to signpost to the NHS good practice guidance to ensure procedures are as robust as possible, particularly with CD safe storage, management of a 'CD register' and performing regular stock checks.[31]

Record keeping

National guidance states that a record should be kept of any doses used and the amount of the CD held.[4]

It would be good practice to get a double signature for receipt, balance checks, administration, and disposal of CDs.[31]

Therefore, the following information should be recorded in a 'CD register' i.e. a hard backed book where pages cannot be torn out.

On receipt:

- Date received into school.
- Name of person who provided the medicine and pupil's name and class.
- Quantity received.
- Name and signature of the member of staff who received the medication.
- The resulting cumulative balance (as applicable).

On administration:

- Date and time given.
- Pupil's name and class.
- Quantity given.
- The resulting remaining balance. Check the recorded balance against the actual quantity of medicine after each administration to ensure there are no irregularities or discrepancies. This ensures they are identified as quickly as possible.

Disposal

When no longer required, medicines should be returned to the parent or care to arrange safe disposal if necessary.[4]

For school trips

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.

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 also be documented within the CD register and the stock counted to reflect this and the balance adjusted.

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).

Providing broader medicines-related advice to settings

Taking all the previous national legislation and guidance into account, local government school and early years support teams are likely to need broader medicines-related advice on the following areas:

Developing policies and procedures (e.g. governing bodies)

In addition to consideration of the information in this bulletin, useful sources of advice include:

- Guidance from the Health Conditions in School Alliance at http://www.medicalconditionsatschool.org.uk/. Resources include a template medication policy and template medication plans for specific clinical conditions.

Governing bodies should consider:

- Staffing implications, e.g. the number of staff who require training.
- Allocating adequate time to staff training
- Obtaining proof of staff training
- How policies and procedures should be reviewed, e.g. following a change in a school senior leadership team, or by providing tools to audit medicines management processes (particularly in special schools).

Medicines management support (e.g. teaching staff and assistants)

- Consider developing FAQs to support education teams to address the areas described above, e.g. medicines administration, storage and record keeping. For different types of medicines administration, consider signposting to the Medicines for Children information at https://www.medicinesforchildren.org.uk/
- Consider signposting to sources of staff training on medicines administration, e.g. courses available from OPUS https://opuspharmserve.com/medication-training-schools/

Resources and training in the management of clinical conditions (including whole school awareness training)

For example:

- Diabetes: Resources for schools available from Diabetes UK at https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff
- Epilepsy: Resources for schools available from Young Epilepsy at https://www.youngepilepsy.org.uk/guide-for-schools and Epilepsy Action at https://www.epilepsy.org.uk/professional#row-fc-8
- Asthma: Inhaler technique training videos available from:
  - PrescQIPP inhaler technique assessment videos
  - Asthma + Lung UK at https://www.asthmaandlung.org.uk/living-with/inhaler-videos
  - Right Breathe at www.rightbreathe.com
  - Online training from Education for Health at https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/

- Allergies and anaphylaxis: Numerous school resources are available, including:
  - Resources and e-learning modules from http://www.sparepensinschools.uk, and Anaphylaxis UK at https://www.anaphylaxis.org.uk/education/ including AllergyWise training.
  - Best practice advice from the BSACI 'Model policy for allergy management at school' at https://www.bsaci.org/model-policy-for-allergy-management-at-school/. This recommends that training should include a practical element using a dummy trainer AAI, therefore signpost to ordering placebo trainer devices from the pharmaceutical companies.

Communication with prescribers and pharmacies that could include:

Raising awareness of the need for clear dose instructions for medicines that are administered during school hours, for example:

Medication	Example of ideal instructions for schools
Ibuprofen	Label as a specific dose to be taken up to three times a day with food at four to six hourly intervals when required for pain/high temperature.
Ear or eye drops	Specify exact number of drops to be applied three times a day, in the morning, at lunchtime and at night.
Reliever inhaler	Up to ten puffs to be given (as two separate puffs into the spacer every two minutes) when required for cough, breathlessness and wheezing.
Antibiotic liquid	One 5ml spoonful to be taken three times a day, in the morning, at lunchtime and at night. Note: aim for once or twice daily medicines in the first instance.

Consideration of how many AAIs to prescribe

Consider providing advice on how many AAIs to prescribe to allow for a consistent approach for schools:

- Prescribers are advised to issue no more than two AAIs per patient unless schools require separate AAIs to be kept on the school premises in which case, prescribers may need to consider issuing more than two but no more than four AAIs per child.[27]

Raise awareness that schools can choose to obtain supplies of AAIs and/or salbutamol inhalers and spacers to be administered in an emergency:

- Schools can obtain supplies of AAIs and/or salbutamol inhalers and spacers from a pharmacy on a signed order. These can then be administered in an emergency, by persons trained to administer them, to pupils where both medical authorisation and written parental consent for administration has been obtained.[16-22]
- This is not a mandatory requirement for schools, and the cost of purchasing AAIs may be considered too costly by a school (e.g. the purchase of two AAIs is likely to cost in excess of £120) depending on the size of the school and/or the number of emergency kits required.[16-21] For example, two EpiPen Jr. injections cost £107.60 plus any handling fee charged by the pharmacist.[33]

Alternative provision

Alternative provision (AP) sites provide education for children who cannot go to a mainstream school. It is advised to check with local government support teams on the classification of an educational establishment to determine if that type of establishment is included in the regulations and guidance for that devolved country. For example, in England, AP sites will either be either PRUs or AP academies (which are included in Section 100 of the Children and Families Act 2014 for the purposes of the

'Supporting Pupils at School with Medical Conditions' in England,[4] and in regulation 22 of the Human Medicines (Amendment) (No. 2) Regulations 2014 for the purposes of holding emergency salbutamol inhalers and AAIs[16,17]) or will be AP free schools (which are not included).

Therefore, the implications for managing medication in AP free schools in England include that:

- Mainstream education schools using AP free schools to support their pupils should be advised to lead on managing any health care and medication issues for that pupil.
- AP free schools should be advised to follow the same guidance when managing medication as for schools, e.g. only administer medication from original containers. Therefore, depending on the family circumstances and travel to these sites, schools may request that parents ask for a split supply of prescribed medication to keep at the various AP free school sites attended by a pupil each week.
- As described above, AP free schools are not classed as educational institutions for the purposes of purchasing their own emergency kit of AAIs or salbutamol inhalers.

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 in England.[4,5] Equivalent guidance is available in Wales, Scotland and Northern Ireland.[7-12]
- POMs may not be administered in a school or early years setting unless they have been prescribed for a child by an 'Appropriate Practitioner'. 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.[14]
- Medicines (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.[4]
- In October 2014, legislation on prescription only medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.[8,16,18,21]
- In October 2017, legislation on prescription only medicines changed to allow schools to buy AAI devices, without a prescription, for use in emergencies.[8,17,19,20]
- Education teams are likely to need advice on school protocols and procedures (including the management of non-prescription medication), and staff training in medicines management including in specific clinical conditions.

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Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-341-management-of-medicines-in-schools-and-early-years-settings/
Implementation tools	

Information compiled by Claire Jones, PrescQIPP CIC, January 2024 and reviewed by Katie Smith, PrescQIPP CIC, February 2024. Non-subscriber publication February 2025.

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