

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

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

**A:** Under government legislation, the Education, Health and Care (EHC) plan now replaces the statement of Special Educational Needs and, in line with government requirements, Hertfordshire has taken a phased approach to the transfer of existing statements to EHC plans. All SEN statements must be transferred to EHC plans by April 2018. In Hertfordshire this will be completed by the end of 2016-2017 academic year.

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

An EHC plan will include:

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

In most cases, needs should be met through SEN support in schools and educational settings and through use of resources available on the Local Offer.

When considering whether an EHC needs assessment is necessary, professionals from education, health and social care will decide if there is evidence that the child or young person has not made expected progress. Hertfordshire County Council with the help of other professionals from education, health and social care and parent / carer groups have written some guidance to help them make these decisions.

For further information please see [Hertfordshire Grid for Learning - EHC Plans](#)

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

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

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

**Q: How should medicines be managed on school premises?**

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

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription (over the counter) 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 (over the counter) medicines may be administered.
- Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school / setting to administer medicine.
- 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. Parents should be informed.
- Schools should only accept medicines that are in-date, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. Schools are reminded that they are required to date check all medicines kept on site and this should be reflected in their medicine policy.
- All medicines should be stored safely and securely, some medicines may require special storage conditions, e.g. refrigeration (a designated medication fridge is recommended). Children should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to the storage area. Medicines and devices – asthma inhalers, blood glucose testing meters and adrenaline pens – should always be readily available to children and not locked away.

- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

**Q: Should a school keep a written record of medicines administered?**

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

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

**Q: What storage requirements for medicines are required?**

**A:** Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day (recommended temperature is between 2°C and 8°C).

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

All emergency medication e.g. inhalers, adrenaline pens, dextrose tablets, must be readily accessible but stored in a safe location known to the child and relevant staff. This location will be different in every school / setting; according to where the pupil normally has lessons / child spends most of their day, the size and geography of the school / setting and the pupil / child's age and maturity. Possible locations include the classroom, medical room, school / setting office or head's office. (All schools should have a protocol in place for administering emergency medicines and this should be included in wider medicines policy).

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

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

**Q: What staff training and support is required?**

**A:** As part of the wider medicines policy, schools should have a process in place to determine relevant training required for staff that may need to administer medicine. Parents or 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. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

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

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

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

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

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

**A:** From 1<sup>st</sup> October 2014, legislation on prescription only medicines changed to allow schools to keep salbutamol inhalers for use in emergencies. They can then be supplied in an emergency by persons trained to administer them to pupils who are known to require such medication in schools.

Schools that choose to keep emergency inhalers and spacers should establish a protocol for their use. Schools should consider including a cross-reference to the asthma 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. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

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

For more information, see the [Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015](#) and the Royal Pharmaceutical Society document on *Supplying salbutamol inhalers to schools: A quick reference guide*.

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

**A:** From 1<sup>st</sup> October 2017, legislation on prescription only medicines changed to allow schools to buy, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies. They can then be used in an emergency by persons trained to administer AAI to pupils who are known to require such medication in schools.

Schools that choose to keep spare AAI 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.

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 or empty), or cannot be administered correctly without delay. The British Society for Allergy and Clinical Immunology (BSACI) allergy action plans for children can be accessed [here](#).

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

For more information, see the [Department of Health Guidance on the use of adrenaline auto-injectors in schools, September 2017](#) and Royal Pharmaceutical Society document on *Supply of spare adrenaline auto-injectors (AAIs) to schools*.

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

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

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

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

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

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

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

**A:** Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools should ensure that parents have completed the

school's medicine consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

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

**Q: What is the position on schools giving out herbal and homeopathic remedies?**

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

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

Herbal and homeopathic remedies will not be recommended as part of routine NHS care but parents may choose to administer these to their children. It is therefore recommended that schools **do not** accept and administer herbal or homeopathic remedies. This should be reflected in the schools medicines policy.

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

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

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

Public Health England (PHE) does not recommend that children be routinely kept away from school, nursery or child minders for conjunctivitis. If an outbreak / cluster occurs, consult your local PHE centre.

**References and recommended further reading**

*References:*

1. Department for Education (2017) statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/596629/EYFS\\_STA\\_TUTORY\\_FRAMEWORK\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STA_TUTORY_FRAMEWORK_2017.pdf)
2. Department for Education (2015) Supporting pupils at school with medical conditions  
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supportin-g-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supportin-g-pupils-at-school-with-medical-conditions.pdf)
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6. National Union of Teacher (2016) Health and Safety Briefing: Administration of Medicines. [https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiX\\_Myp5snSAhVHKMAKHcl5CcsQFggnMAA&url=https%3A%2F%2Fwww.teachers.org.uk%2Fsites%2Fdefault%2Ffiles2014%2Fadmin-of-medicine-2016.doc&usg=AFQjCNF03yd4-dgp3U9thwWpTFK8Sq8g\\_Q&sig2=V\\_yc4LPuk6tC3IXc3CUfCA&bvm=bv.149093890,d.d2s](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiX_Myp5snSAhVHKMAKHcl5CcsQFggnMAA&url=https%3A%2F%2Fwww.teachers.org.uk%2Fsites%2Fdefault%2Ffiles2014%2Fadmin-of-medicine-2016.doc&usg=AFQjCNF03yd4-dgp3U9thwWpTFK8Sq8g_Q&sig2=V_yc4LPuk6tC3IXc3CUfCA&bvm=bv.149093890,d.d2s)
7. NHS Choices: <http://www.nhs.uk/pages/home.aspx>
8. Public Health England (2016) Guidance on Infection Control in Schools and other Childcare Settings. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/353953/Guidance\\_on\\_infection\\_control\\_in\\_schools\\_11\\_Sept.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf)
9. British Medical Association – Prescribing non-prescription (over the counter) medication in nurseries and schools. <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication>
10. Royal Pharmaceutical Society (2014) *Supplying salbutamol inhalers to schools: A quick reference guide.*
11. Royal Pharmaceutical Society (2017) *Supply of spare adrenaline auto-injectors (AAIs) to schools: Quick reference guide.*

*Further reading:*

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

Supporting pupils with medical conditions: links to other useful resources

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

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