Managing Medicines in Schools: Frequently Asked Questions

Version 4

North Durham Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group

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Introduction[1]

Schools are required by statute to make arrangements to support pupils at school with medical conditions. The *Durham County Council* (*DCC) template policy* states that a medical condition is a physical or mental health medical condition as diagnosed by a healthcare professional which results in the pupil requiring special adjustments for the school day, either ongoing or intermittently. This includes: a chronic or short-term condition, a long-term health need or disability, an illness, injury, or recovery from treatment or surgery.
All pupils with diagnosed medical conditions should be supported as far as possible to attend school as much as possible so that they do not miss any part of the school experience whether this be the school day, after school activities, or trips and residentials.

Department for Education (DfE) guidance states that it is <u>not</u> generally acceptable practice to:

- Prevent pupils from easily accessing their medication.
- Ignore the views of the pupil or their parents or carers.
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities.
- Require parents or carers to attend school to administer medication. No parent or carer should have to give up working because the school is failing to support their child's medical needs.

This FAQ is in response to the many enquiries we receive and aims to answer common enquiries. For example many schools ask about the times medication should be given when three times a day is written on a label. Question 9 in this FAQ specifically addresses this issue. In addition guidance has been sent to GP practices and pharmacies to consider being specific on the label about the timings of medication in a school day (see Appendix 1).

Schools have a duty and are therefore required to support pupils with a medical condition as diagnosed by a healthcare professional. This means that medication required for the treatment of their medical condition is administered by school staff if requested by a parent or carer. However, many other illnesses, such as common childhood diseases or periods of being 'unwell', are not covered under this duty. Nevertheless, most schools wish to support full attendance and will voluntarily make arrangements to support giving medication to these pupils even in instances following carer or parental request with non-prescription medicines (*DfE guidance* states that schools should set out the circumstances in which non-prescription medicines may be administered).

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[1] Please note that within this document the term:

- *DfE guidance* refers to 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'. Department of Education, updated August 2017. Available at www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- *DCC template policy* refers to 'Supporting pupils with medical conditions: Draft policy for adoption by schools'. Durham County Council (available on the school extranet).

DfE guidance states that medicines should be administered at school when it would be detrimental to a child's health or school attendance not to do so. In September 2015 the attendance threshold for persistent absence was reduced from 15 to 10%. A requirement of 90% attendance therefore gives schools more impetus to support pupils to attend and to voluntarily support short term illness. There will of course always be instances when a pupil must remain off school - following sickness or diarrhoea for instance.

Where can a school access advice?

- Durham County Council school extranet.
- The Local Authority by contacting the DCC Equalities Education Team. Tel: 03000 267800. Email: EqualitiesEducation@durham.gov.uk.
- For pharmacist support by emailing Sarah Nicholson, Lead Pharmacist, University Hospital of North Durham. Email: cdda-tr.CDDFTschoolpharmacistqueries@nhs.net.
- Enquiries regarding a pupil's medication should be directed at the pharmacy which has supplied the medicine (a contact telephone number will be on the pharmacy label).
- School nurses can support staff on implementing a pupil's individual healthcare plan (IHP), and can also provide advice and liaison, for example on training. School nurses can signpost schools to e.g. specialist nurse advice.

Frequently asked questions

Note that each section includes a summary answer followed by more detailed supporting information.

Accepting medication

1. When can medication be accepted, particularly if the pupil travels independently?

Schools should consider the following points for medication that needs to be administered during the school day (either administered by school staff or self-administered by a pupil with supervision - see question 8):

- The parent or carer should be asked to bring the medicine into school on at least the first occasion. This is to enable the school to get the appropriate paperwork signed by the parent or carer (i.e. an agreement and a medicines administration record (as appropriate), to check the details of the medication, and, for short courses of medicine, to then decide with the parent or carer if their child is competent to sensibly and safely transport that medicine to and from school thereafter.
- *DfE guidance* states that when a medicine is prescribed schools should only accept medicines that are in-date, labelled with the pupil's name, provided in the original container as dispensed by a pharmacist 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.
- For medicines which have not been prescribed but supplied via a community pharmacy scheme or purchased by the parent/carer they should be supplied in the original container, have instructions for administration, dosage and storage; and be in date. The name of the child can be written on the container's label by an adult if this helps with identification.
- Schools should never accept medicines that have been taken out of the container as originally dispensed.
- Schools need to consider how this transaction should be handled, e.g. at reception. This is of particular importance where the receipt involves a controlled drug (see Appendix 2).

Supporting information:

- The following *DfE guidance* templates are available, both of which require carer or parental signatures:

1. Template B: carer or parental agreement for setting to administer medicine (Note: this also states that: 'I understand I must deliver the medicine personally to').
2. Template C: record of medicine administered to an individual child.

- Previous guidance that we feel is still relevant and useful states that:

1. All medicines should be brought into school by a parent or carer and handed to a designated person. That person then checks the container and labelling, and records this information in the pupil's medication record.
2. When written carer or parental authorisation is received, this should be recorded in the pupils file and a medication record set up.

2. How much medication should a school accept?

General issues for schools to consider include:

- Parents or carers can ask the GP to prescribe long term medication as a separate home and school supply.
- The *DCC template policy* states that a maximum of a term time supply of medication may be provided to the school at one time.

Storage of medication

3. How should medication be stored by the school?
General issues for schools to consider include:

- *DfE guidance* states that all medicines should be stored safely. Pupils 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.
- Please refer to Appendix 2 for storage of controlled drugs.

4. Which medicines should children always have available?
DfE guidance states that medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away. All emergency medicines should be easily available.
Practical ideas to manage this include:

- For reliever inhalers (e.g. salbutamol) ensuring that staff on break duty carry the school emergency inhaler and spacer; if a child's IHP states they are asthmatic making sure they have their reliever inhaler with them at break time.
- For adrenaline pens, 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 pen device (see question 7 and 15).
- In primary schools, keep the reliever inhalers and adrenaline pens in the child's classroom and not locked away (e.g. in a teacher's unlocked desk drawer, or in a bag which can be taken out for breaks time, PE, etc). If this is deemed unsafe and there is a locked room for medication storage then this should ideally be accessed by a key pad so that staff can access this room quickly.

5. How should medication be stored in a school fridge?
Any fridge used to store medicines should be in good working order.
Previous guidance that we feel is still relevant and useful states that refrigerated medicines can be kept in a fridge containing food but should be in an airtight container and clearly labelled. Pupils should not be left unattended in this room.
Avoid storing medicines in the fridge door as the temperature fluctuates every time the door is opened. In addition, avoid storing next to a freezer unit.

Administering medication, and supervising self-administration of medicine

6. General issues for schools to consider are:
The *DCC template policy* states that:

- Prior to staff members administering any medication a parent or carer must complete and sign a consent form (and medicines administration record).
- Medicines must be in date (*if the expiry date is available to check*), labelled with the pupil's name (*if it has been prescribed*) and provided in the original container with dosage instructions (*except in the case of insulin*).

Previous guidance that we feel is still relevant and useful states that:

- Before a medicine is administered the pupil's name and date of birth should be checked against the information on the consent form, and the name on the container label (*if it has been prescribed*).

Supporting information:
DfE guidance states that:

- No pupil under 16 should be given prescription or non-prescription medicines without their parent's or carer's written consent – except in exceptional circumstances where the medicine has been prescribed to the pupil without the knowledge of the parents or carers. In such cases, every effort should be made to encourage the pupil to involve their parents or carers while respecting their right to confidentiality.
- Medication, e.g. pain relief should never be administered without first checking maximum dosages and when the previous dose was taken (Note: the parent or carer and school should determine how the school will be able to meet this requirement. For example – is the pupil competent to communicate this information to school staff?).
- Staff must not give prescription medicines without appropriate training. In some cases, written instructions from the parent or carer, or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide.

Previous guidance that we feel is still relevant and useful states that:

- In some circumstances such as administration of rectal products, it is good practice to have the dosage and administration witnessed by a second adult (refer to the intimate care policy on the school extranet).

7. How should a school assess and organise staff training, and ensure ongoing staff competency?

The Governing Body should seek advice from a relevant healthcare professional (e.g. school nurse) on signposting to appropriate sources of training, how trained staff should be deemed competent, and how that competency should be maintained (e.g. by regular refresher training).

It is recommended that staff training is allocated adequate time, such as a session within teacher training days, and that schools obtain proof of staff training and competency (e.g. by using the national *DfE* Template E described below).

Supporting information:
DfE guidance states that:
Statutory guidance:

- Governing bodies …. should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Governing bodies should ensure that the school's policy …. specifies how training needs are assessed, and how and by whom training will be commissioned and provided.
- The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

Non-statutory advice:

- Governing bodies should ensure that …. any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Head teachers should ensure that ….. sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- School nurses can liaise with lead clinicians locally on …. staff training needs. For example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- 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. Schools may choose to arrange training themselves and should ensure this remains up-to-date.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The following *DfE guidance* template is available, which requires the trainer to sign a declaration of staff competency and to recommend when that competency should be reassessed:

- Template E: staff training record – administration of medicines.

Note: the school nursing service provides anaphylaxis and asthma inhaler technique training. The service will sign confirmation to say that the staff member is deemed proficient 'at that point in time'. The school nursing service will organise refresher training on an annual basis or at the request of schools, whichever is sooner.

8. When should schools administer or supervise the self-administration of non-prescription medicines?

This is now an essential area of practice for schools to consider due to ongoing national, and hence local, initiatives to encourage people to 'self-care' with medicines that can bought over-the-counter (OTC) for short term treatment of self-limiting conditions. In order to support this national approach for people to self-care where appropriate, GP practices are likely to advise parents / carers to purchase OTC medicines for children with short term minor ailments. Therefore, schools are more likely to be asked by parents / carers to administer OTC medicines that have not been prescribed and hence are not labelled by a pharmacist, but that do carry full dosage instructions and have been ideally recommended for purchase by a healthcare professional (see *Supporting Information* below).

General issues for schools to consider include:

- As described in the introduction most schools will wish to support full attendance and hence should consider making voluntary arrangements to support giving medication to pupils following carer or parental request with non-prescription medicines.
- It is advisable to ask parents or carers to ensure the child has taken at least one dose at home to ensure they can tolerate the medicine.
- Schools should not give a non-prescription medicine for longer than it is licensed for. This information is found on the medicine's container e.g. most pain killers will be licensed / recommended for 3 days use before medical advice should be sought.
- The parent or carer should be asked to bring the medicine into school on at least the first occasion. This is to enable the school to get the appropriate paperwork signed by the parent or carer (i.e. a carer or parental agreement and a medicines administration record (as appropriate)) and to check the details of the medication.
- Non-prescription medicines must be supplied in their original container and be in date.

Consider the following scenario:

If a 'medical condition' is diagnosed by a healthcare professional (e.g. doctor, nurse, pharmacist) then the school has to administer medication to prevent or reduce absence and keep a child comfortable during the school day. This includes medication prescribed for the side effects of medication e.g. for indigestion, headaches.

For minor short term illness, schools can decide whether to voluntarily administer medicines in school, however statutory guidance now allows for the short term administration of non-prescription medicines (see *Supporting Information* below), and this is strongly encouraged in order to prevent a child's absence from school.

Example: If a child has a headache, and parent / carer requests the administration of a non-labelled OTC medicine

- If this is a migraine as diagnosed by a GP, then the school must support that child's medical condition and draw up an annual IHP which should include advice as to how often non-prescription medicines could be administered without re-referral to the GP.
- If this is only a headache, then the school has the right to refuse to administer any medicines thereby possibly resulting in a pupil school absence. If the school is willing to voluntarily administer OTC medication for short term illness, then this does not have to be prescribed. If concerns arise about the frequency of requests, then the school should refer the family to the GP.

Supporting information:

DH guidance:

- There are a number of national (and hence local) initiatives to encourage people to 'self-care' when safe and appropriate, with medicines that can bought OTC for short term treatment of self-limiting conditions such as headaches, upset stomachs, coughs and colds, and indigestion.
- Such national initiatives include the *Stay Well Pharmacy* campaign (see www.england.nhs.uk/commissioning/primary-care/pharmacy/stay-well-campaign/), which encourages people to visit their local pharmacy first for clinical advice for minor health concerns; and advice issued in 2018 from NHS England to Clinical Commissioning Groups (CCGs) and GP practices[2] to reduce the prescribing of OTC medicines for self-limiting conditions (see www.england.nhs.uk/publication/prescribing-of-over-the-counter-medicines-is-changing/ and www.nhs.uk/common-health-questions/medicines/why-cant-i-get-prescription-over-counter-medicine/).
- In order to support this ongoing national approach for people to self-care where appropriate, GP practices are likely to advise parents / carers to purchase OTC medicines for children with short term minor ailments. Therefore, schools are more likely to be asked by parents / carers to administer OTC medicines that have not been prescribed and hence are not labelled by a pharmacist but that do carry full dosage instructions and have been ideally recommended for purchase by a healthcare professional.

Department of Education guidance:

- Statutory guidance allows for the short-term administration of non-prescription medicines. This is contained within the *Statutory framework for the early years foundation stage* which has been updated by the Department of Education and is available at www.gov.uk/government/publications/early-years-foundation-stage-framework--2 (updated February 2018). This now allows non-prescription medication to be administered where there is a parent's / carer's prior written consent. Supporting guidance from the British Medical Association to GPs at www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication (updated December 2018) states that OTC medication does not need a GP signature/authorisation in order for the school/nursery/childminder to give it.

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

General issues for schools to consider include:

- Schools must consider each pupil's individual circumstances when determining if administration of medication is appropriate during school hours.
- For most medicines three times a day means three times a day in the waking hours e.g. 7am-1pm-7pm, or 7am-2pm-9pm. For many medicines e.g. antibiotics it is important that they are taken at regular intervals to ensure they are effective.

[2] Guidance on conditions for which over the counter items should not routinely be prescribed in primary care. NHS England 2018. www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

- Factors to consider include the age of the pupil and their bedtime. Primary school children have earlier bed times so will usually require a dose during school hours.
- It is also necessary to consider if the medicine must be taken with a main meal and if it should be taken at different times of the day to other medicines.
- Ideally labelling on prescribed medication should indicate specific timings e.g. to be administered three times a day, in the morning before school, at lunchtime, and at night (see Appendix 1 for guidance to GP practices and community pharmacies).

10. When should a school give medication labelled as 'with or after food'?
Give at meal times or with a snack.

11. When should a school give medication labelled as 'on an empty stomach'?
Give 1 hour before food or 2 hours after.

12. How should dose changes be handled?
Previous guidance that we feel is still relevant and useful states that:

1. Schools should never make changes to dosages on carer or parental instructions. Dose changes can only be accepted if they are on the label of a prescribed medication.
2. Where any changes take place to the medication prescribed by the doctor, written confirmation from a parent or carer must again be requested.

The *DfE guidance* template B signed carer or parental agreement for setting to administer medicine states that: 'I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped'.

13. How should schools administer creams?
General issues for schools to consider include:

- Schools should follow procedures used in other care settings e.g. care homes. This is to wear disposable gloves on each application and to not use any large tubs of cream / ointment (without a pump dispenser) one month after they have been opened.
- Also refer to the intimate care policy on the school extranet.

14. How should schools administer eye drops?
Gently pull the lower lid away from the eye to form a "pocket" by either (1) pulling the lower lid down with your index finger or (2) pinching the lower lid with your thumb and index finger and pulling out. Hold the bottle upside-down with the other hand, and let a drop fall into the "pocket." Don't let the tip of the bottle touch the eye or eyelid.

15. How should the school's emergency adrenaline auto-injector be administered during an anaphylaxis?
Schools choosing to hold 'spare' emergency adrenaline auto-injectors *(*AAI) should establish a protocol for their use in line with *Supporting pupils at school with medical conditions* and with reference to *Guidance on the use of adrenaline auto-injectors in schools* published in September 2017 by the Department of Health (DH) (at www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-

schools). A template school protocol is available to download from the school extranet, and see Appendix 3 for the letter sent to all community pharmacies, and the school order form.

Supporting information:

DH guidance states that:

- Anaphylaxis is a severe and often sudden allergic reaction. The school MUST call 999 without delay, even if that pupil has already used an AAI[3].
- Depending on the level of understanding and competence of children or their peers, children should preferably carry their AAI(s) on their person at all times. All AAI devices should be quickly and easily accessible at all times.
- Schools may administer their AAI in an emergency to a pupil at risk of anaphylaxis, where both a clinical diagnosis and written parental consent for use of the AAI has been provided (this includes children with medical confirmation of being at risk of anaphylaxis, but who have not been prescribed AAI). The school's emergency AAI can be administered to a child whose own prescribed AAI cannot be administered correctly without delay.
- Schools must arrange specialist anaphylaxis training for staff - online resources and introductory e-learning modules can be found at www.sparepensinschools.uk or at www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/, however this is NOT a substitute for face-to-face training which is organised with the school nursing service.
- It is good practice for schools holding emergency AAIs to do so in an emergency anaphylaxis kit which should include, for example:
  - Two AAI(s)[4] (if emergency kits are taken out on school trips then the school should ensure that sufficient kits remain onsite).
  - A register of pupils to whom an AAI can be administered.
- There are currently 3 different brands of AAI in 3 different doses (depending on the age of the child). The Resuscitation Council (UK)[5] recommends that healthcare professionals treat anaphylaxis using age-based criteria and that schools hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. This is described in the letter sent to all pharmacies in County Durham which also contains the school template order form (see Appendix 3).
- All AAIs have a shelf life of 18 months from the date of manufacture therefore schools should ensure that AAIs supplied by pharmacies have at least a 12 month expiry date.

16. What should the school consider when administering insulin injections?

General issues for schools to consider include:

- Parents or carers should provide the school with a sharps bin. This should be returned to them when full or no longer needed.
- If compatible with the insulin pen, the needles should preferably be BD AutoShield which will prevent the occurrence of needle stick injuries.
- The appropriate specialist nurse (e.g. a diabetic nurse) should train and then judge the staff members to be confident and competent to administer the injection.
- Children with Type 1 diabetes will be supplied with a school diabetic care plan by the diabetic nurse. This should be documented as an appendix in the IHP.

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[3] The *DH* guidance includes practical steps to follow when dealing with anaphylaxis and when calling the emergency services.

[4] Current guidance to healthcare professionals is that anyone prescribed an AAI should carry two of the devices at all times as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

[5] Guidelines for healthcare providers. Resuscitation Council (UK). Available at: www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/

17. How should the school's emergency inhaler be administered during an acute asthma attack?

The *DH Guidance on the use of emergency salbutamol inhalers in schools* (March 2015) at www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools describes how schools can buy salbutamol inhalers, without a prescription, for use in emergencies (see Appendix 4 for letter sent to all community pharmacies, and the school order form).

This guidance also describes how to recognise an asthma attack and what to do in the event of an attack (see Appendix 5a and b).

Supporting information:

It is also worth noting that *DfE* guidance *Understanding and dealing with issues relating to parental responsibility*[6] states that:

Medical treatment – seeking consent following accident or injury -

Schools may experience problems when a child has had an accident and consent may be needed for emergency medical treatment. The Children Act 1989 Section 3 provides that people who do not have parental responsibility but nonetheless have care of a child may: '…do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

This would allow schools to act 'in loco parentis', i.e. in place of a parent, or allow them to seek consent from a parent who may not hold parental responsibility. It would clearly be reasonable for a school to take a child who needs to have a wound stitched up to hospital, but the parents, including the non-resident parent who has asked to be kept informed of events involving the child, should be informed as soon as possible.

18. What about school-held OTC medicines?

School-held OTC medicines are non-prescription medicines available over the counter from community pharmacies that are bought by a school for the short term management of minor, self-limiting conditions. Many schools keep paracetamol for mild pain, headache, tooth ache or raised temperature; a cream for insect bites, stings and nettle rashes; and an antiseptic cream to clean minor wounds and prevent infection.

The school should have a written procedure for the management of these medicines which includes the following:

- The list of indications for which these medicines can be used. A 'list of indications' will be found on the product packaging or the patient information leaflet.
- The dose and maximum period of use - medicines should only be administered in accordance with the manufacturer's directions.
- The procedure for checking required school-held medications against medication previously taken - care should be taken to ensure that pupils are not taking non-prescribed medicines that they have purchased or have been given, in addition to school- held medicines being administered by school staff. This is particularly important for paracetamol (Note: before administering paracetamol, staff should ensure that the gap between any previous doses is sufficient (i.e. not less than 4 hours) and that the total daily dose given in the past 24 hours is safe). Additional advice on medication can be sought from NHS111.
- How the receipt of the medication will be recorded. They should be bought from a community pharmacy and not requested on prescription.

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[6] Understanding and dealing with issues relating to parental responsibility. *DfE*, Updated September 2018. Available at www.gov.uk/government/publications/dealing-with-issues-relating-to-parental-responsibility

- How the medication should be stored. They should be stored within the medication storage area in a locked cupboard and separated from prescribed medication e.g. in a plastic bag / container, or clearly labelled for discretionary school use only. They should not be labelled for individual pupils, expiry dates should be checked regularly and only small packs/bottles of each item should be held in the school.
- How consent should be gained. Consent for their administration during the school year could be obtained on the annual SIM sheet. Alternatively consent can be obtained via verbal permission from the carer / parent before each administration followed by signed written consent within 12 hours of administration (with the exception of residential trips where written consent should be received on the day of return).

19. What about treating conjunctivitis?

For the management of infections, schools are always advised to follow the national guidance from Public Health England (PHE) *Health protection in schools and other childcare facilities* (updated March 2019) at www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) - Chapter 9 *Managing specific infectious diseases.*

PHE advises that children with conjunctivitis do not need to be excluded from school, and that parents should seek advice regarding treatment.

Supporting information:

PHE guidance:

PHE advises that children with conjunctivitis do not need to be excluded from school, and that parents should seek advice regarding treatment.

Despite this national guidance an audit of childcare provider policies[7] found that only 13% reflected PHE advice and almost half required treatment with antibiotics. In a questionnaire survey of primary care prescribers, about 40% said that childcare provider policy had been the main or only reason for prescribing topical antibiotics for infective conjunctivitis in children.

NICE guidance:

In line with NICE guidance on reducing the inappropriate prescribing on antibiotics, prescribers and community pharmacists are advised to prescribe or sell chloramphenicol for infective conjunctivitis only if this is clinically appropriate.

There continues to be a national and indeed a worldwide push to reduce the inappropriate prescribing of antibiotics. National NICE guidance is available at https://pathways.nice.org.uk/pathways/antimicrobial-stewardship and has led to the development of numerous national tools and resources to support education in schools for example the PHE e-bug resources for schools described at https://publichealthmatters.blog.gov.uk/2016/02/08/e-bug-educating-young-people-on-microbes-and-antimicrobial-resistance/ and at https://publichealthmatters.blog.gov.uk/2018/03/12/using-e-bug-to-educate-young-people-on-infection-prevention-and-control/

20. How should medicines be managed in after school clubs, and on school trips and residentials?

Schools should make parents / carers aware that the same statute of care does not apply to external providers of after school clubs.

General issues for schools to consider on school trips and residentials:

- An accompanying key person must be identified, plus a second trained person.

[7] Medicines Evidence Commentary: Infective conjunctivitis: do childcare provider policies help drive inappropriate prescribing of antimicrobials? NICE, December 2016. Available at www.evidence.nhs.uk/document?id=1618219&returnUrl=Search%3Fps%3D40%26q%3Doption%2Bsickness&q=option+sickness

- Medicines must 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 will be acceptable. Full boxes of medication must be transported. Staff must not take single tablets or strips out of a box which has all the relevant information pertaining to the child and the prescription details.
- Each child's medication bag / box should also contain their consent form, recording paperwork, copies of any relevant emergency protocols from their IHP, and the emergency contact details.
- For emergency medication (e.g. adrenaline pens, asthma inhalers) at least two members of staff should be trained and competent on the use of this medication.
- Consider that school-held OTC medicines, e.g. paracetamol, should be taken (see question 18).

For controlled drugs:

- Controlled drugs should be transported in a separate sealed container and stored in a locked container upon arrival e.g. a safe at the residential trip venue.
- For schools that regularly store controlled drugs on their premises: refer to Appendix 2. If it is not possible to take the controlled drugs register on a day trip, then the register must be completed stating that the child's controlled drugs have been taken off site and this must be countersigned by a designated signatory. Upon returning to the school the controlled drugs must be signed back in and if a dose has been given whilst out this must also be documented within the controlled drug register and the stock counted to reflect this. The child's medication administration record must also be completed to record that the child was given the medication. For residential trips a separate register must be obtained for recording during the trip.
- For schools without a controlled drugs register obtain a hard backed book where pages cannot be torn out and use this as the register. Follow the recording advice for receipt and supply of controlled drugs in Appendix 2.
- At the residential site medicines should be stored out of site and as securely as possible (e.g. in a teacher's room).

21. What should the school policy be on administering herbal and homeopathic remedies?

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 are 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 and there is no good-quality evidence that homeopathy is effective as a treatment for any health condition.

Herbal and homeopathic remedies are not 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.

Unsupervised self-administration of medicine

22. General issues for schools to consider are:

- Clear records should be kept of all medicines brought into schools – this includes unsupervised self-administration of medicines by pupils particularly aged 16 and under.
- Parents or carers should be encouraged to notify the school that their child is self-administering medication, and supply details of the type of medication, dosage, and expected use.
- Schools should consider including questions on the annual SIM sheet about likely unsupervised self-administration of medicines during the year in order to obtain signed written carer or parental consent. Thereafter the school could accept brief written or verbal communication if the medicine is not taken on a regular basis.
- Parents or carers, and pupils should be encouraged to bring prescription and non-prescription medication into school in original containers. For non-prescription medicines this should be the smallest original container that can be purchased in order to minimise the amount of medication on school premises.
- Parents or carers should be asked to only allow medication on school premises that their child has previously taken without problem, e.g. without disabling side effects.
- Clear records should be kept of any side effects that the pupil experiences and/or reports. Consider using Template D of the *DfE guidance* (Note: also consider confidentiality issues with the use of Template D).

Supporting information:

DfE guidance states that:

- If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring. Written permission is required from parents or carers for self-administration during school hours.
- Governing bodies should ensure that the school's policy covers arrangements for pupils who are competent to manage their own health needs and medicines. After discussion with parents or carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected IHPs (for example – the template A IHP records whether medicine is administered or self- administered with/without supervision).
- Wherever possible, pupils 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.

Side effects

23. General issues for schools to consider are:

- It is advisable to ask parents / carers to ensure the child has taken at least one dose of medication at home to ensure they can tolerate a medicine.

- The *DfE guidance* template A IHP and template B signed carer or parental agreement for setting to administer medicine have sections for recording side effects that the school needs to know about.
- The *DCC template policy* states that the school cannot be held responsible for side effects that occur when medication is taken correctly.

24. What are the side effects from blue reliever asthma inhalers?
Guidance on the use of emergency salbutamol inhalers in schools (DH, March 2015) at www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools states that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Record keeping

25. General issues for schools to consider are:
DfE guidance states that governing bodies should ensure that written records are kept of all medicines administered to pupils.

26. Which templates should the school use?
The following templates are available within the *DfE guidance*:
1. Template A: IHP
2. Template B: Parental or carer agreement to administer medicine
3. Template C: Record of medicine administered to an individual child
4. Template D: Record of medicine administered to all children (Note: consider confidentiality issues with this form)
5. Template E: Medicines administration staff training record

27. How long do written agreements last?
Previous guidance that we feel is still relevant and useful states that all agreements / authorisations regarding the administration of medication by school staff should expire at the end of each term (Note: for dose changes see question 12; and annual consent should be obtained on the SIM sheet for self-administration and school held OTC medicines)
Supporting information:
- Please note that *DfE guidance* states that IHPs should be reviewed at least annually.

28. How long should the school keep medication administration paperwork?
Access the *Records Management Toolkit for Schools* on the school extranet for guidance on documentation retention periods.

29. How should medication incidents be handled?
If a medication error occurs follow the steps in the template and guidance for recording, taking action, and learning from medication errors which is on the school extranet.
Key steps include to:
- Always inform the Headteacher / member of the SMT, and the parent / carer of the situation.

- Clearly record the nature of the error and the steps taken to ensure no further harm to the pupil.
- For medication errors always immediately contact NHS111 or a healthcare professional (e.g. school nurse, pharmacist or GP) to receive further medical advice. If a pupil has taken more than the recommended amount of any medication, always seek urgent medical help, even if that pupil feels well. This is particularly important for suspected accidental overdose of paracetamol (for further information see www.nhs.uk/medicines/paracetamol-for-children/).

Disposal of medication

30. When should medication be disposed of?

All medicines will have an expiry date or a use by date.

- An expiry date means that the medicine will expire at the end of that month. For example, if the expiry date is January 2020, it will expire on January 31st 2020.
- A use by / use before date means that the medicine will expire after the end of the previous month. For example, if the use by date is January 2020, it will expire on December 31st 2019.

Some medicines (often eye drops, liquid, or creams / ointments) will also have an additional once opened expiry date, for example, ‘Dispose one month after opening’. It is therefore important to check if a product has a once opened expiry date and to write this on the product if school staff are the first to open and use such a product.

Supporting information:

- Available from the NHS at: www.nhs.uk/common-health-questions/medicines/why-do-medicines-have-expiry-dates/

31. How should medication be disposed of?

Never throw unused or expired medicines in the rubbish bin or flush them down the toilet.

Every effort should be made to return all medicines to parents / carers so that they can then take unused medicines or medicines that have passed their expiry date to their local pharmacy where they will be disposed of safely. Pharmacies are only obliged to accept back unwanted medicines from households, however approach your local pharmacy to see if they would be willing to dispose of any school-held medicines.

- *DfE guidance* states that:
    1. When no longer required, medicines should always be returned to the parent or carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
    2. Template C record of medicine administered to an individual child: has a section for ‘quantity returned’.
- Previous guidance that we feel is still relevant and useful states that:
    1. If parents or carers, after invitation to do so, do not collect all medicines, they should be taken to a local community pharmacy (with prior agreement – see above) for safe disposal.
    2. Any medicines awaiting disposal should be stored within in a separate container in the medicines cupboard.
    3. A staff member name and signature, plus a signature and date of the pharmacy receiving the drugs for destruction should be recorded in the

pupil medication record alongside the name, strength, and quantity of medicine returned to the pharmacy.

Controlled Drugs

32. Which drugs should be treated as controlled drugs by schools?

- Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. Stricter legal controls apply to controlled drugs to prevent them from being misused. These legal controls govern how controlled drugs are prescribed, supplied and stored. The Misuse of Drugs regulations include 5 Schedules that classify all controlled drugs[8].
- Methylphenidate is called a Schedule 2 controlled drug and must meet both controlled drugs storage and recording requirements. Brand names of methylphenidate include Concerta XL, Delmosart, Xenidate XL, Xaggitin XL, Matoride XL, and Medikinet XL.
- Oramorph liquid contains only low quantities of morphine and therefore does not have any storage or recording requirements.
- Similarly neither tramadol nor midazolam have any storage or recording requirements.

33. Supporting children with Attention Deficit Hyperactivity Disorder (ADHD)

General issues for school to consider include:

- The most common controlled drug prescribed for children is methylphenidate for the control of ADHD.
- Parents or carers of children taking medication for ADHD should only be asked to inform the school if the morning dose of medication has been missed. This is to allow the school to make allowances for the child's behaviour. Pupils should not be sent home unless they become a risk to themselves or others.
- Appendix 2 contains additional advice on the management of controlled drugs particularly for schools where the medication is stored on the premises.

34. General issues for schools to consider when handling controlled drugs are:

Controlled drugs are subject to extra safeguards and legislation which include:

- A pupil who has been prescribed a controlled drug may legally have it in their possession however due to the nature of the medication being classed as controlled drugs and the high potential for misuse it is advised that the school safely stores this medication.
- Appendix 2 contains advice on the management of controlled drugs particularly for schools that store controlled drugs on their premises.
- See question 20 for information about school trips and residential trips.

Supporting information:

DfE guidance states that:

- A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have

[8] See www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/ for more information

been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. 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 in school. School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. 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.

The *DCC template policy* states that:

- When controlled drugs are sent to school, parents or carers will be responsible for handing them over to the DCC transport adult in the car in a suitable bag or container. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival.

35. Medicinal cannabis

Patient information on Medical cannabis (and cannabis oils) is available at www.nhs.uk/conditions/medical-cannabis/.

The legal status of cannabis-based products for medicinal use changed in November 2018. Cannabis-based medicines can only be prescribed by a specialist hospital doctor who might consider prescribing if a child has one of the rare forms of epilepsy that might be helped by medicinal cannabis. These products are classified as controlled drugs (see Appendix 2 for storage and recording requirements).

Supporting information:

- Cannabis-based medicinal products. NICE guidance NG144, November 2019. Available at www.nice.org.uk/guidance/ng144
- Cannabis-based products for medicinal use. Support for prescribers. NHS England. Available at www.england.nhs.uk/medicines/support-for-prescribers/cannabis-based-products-for-medicinal-use/
- Cannabis based medicinal products for use in humans: information for primary care in Durham and Darlington. January 2019. Available at https://medicines.necsu.nhs.uk/guidelines/durham-darlington/

Medicines shortages

36. How does the NHS manage medicine shortages?

There are many reasons for medicine shortages including manufacturers of medicines having problems with making the medicine, transporting the medicine, or having problems with the ingredients of medicines. The NHS has existing ways of making sure that patients get the medicines that they need even under difficult circumstances. These existing plans were further developed to prepare for an EU exit.

GP practices and pharmacies will be kept informed of the latest information on medicines supply. In the event of a medicine shortage, pharmacy teams will:

- Liaise with GPs to find a different medicine that may be suitable.
- Contact different suppliers to find the required medicine.
- Determine if stock is available in other local pharmacies.

Supporting information:

- Information from the NHS on medicines supply and the EU exit is available at www.nhs.uk/conditions/medicines-information/getting-your-medicines-if-theres-no-deal-eu-exit/ and www.england.nhs.uk/eu-exit/medicines/medicines-faq/.

Appendix 1: County Durham guidance to GP practices and pharmacies to consider labelling requirements about the timings of medication in a school day

Writing prescriptions and labelling medication for children where school administration of medicines is required
August 2015

The CCGs are working with Durham County Council to support safe and effective medicines administration to children in schools.

Current guidance from the Department of Education states that '*where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours*' i.e. by prescribing a once or twice-daily preparation.

If this is not possible we have prepared guidance in the table below on the type of instructions that should enable schools to correctly administer medication to children if school time administration cannot be avoided.

We hope that prescribers will consider this guidance when writing a prescription, and that pharmacists will consider this guidance when labelling medication for children.

We would also ask pharmacists to consider where the label should be placed in order to ensure that fully labelled medicines are supplied to schools.

Analgesics and NSAIDs		
Paracetamol	**Example of poor instructions:** When required	**Example of ideal instructions:** Label as a specific dose to be taken up to four times a day at 4 hourly intervals when required for pain / high temperature
Ibuprofen	**Example of poor instructions:** When required	**Example of ideal instructions:** Label as a specific dose to be taken up to three times a day with food at 4-6 hourly intervals when required for pain / high temperature
Creams and ointments		
Emollients	**Example of poor instructions:** To be applied when required	**Example of ideal instructions:** To be applied to dry skin up to every hour if necessary to relieve dryness and irritation
Steroid creams	**Example of poor instructions:** To be applied three times a day	**Example of ideal instructions:** To be applied to eczema / dermatitis three times a day, in the morning, at lunchtime and at night

Eye / ear drops		
	Example of poor instructions: To be applied three times a day	**Example of ideal instructions:** Specify exact number of drops to be applied three times a day, in the morning, at lunchtime and at night
Reliever inhalers		
	Example of poor I instructions: To be inhaled when required	**Example of ideal instructions:** Specify dose range and how often it can be taken, e.g. - One to two puffs to be inhaled every 4 hours when required for cough, breathlessness and wheezing - Up to 10 puffs to be given (as two separate puffs into the spacer every two minutes) when required for cough, breathlessness and wheezing
Antibiotics		
	Example of poor instructions: One 5ml spoonful to be taken three times a day	**Example of ideal instructions:** One 5ml spoonful to be taken three times a day, in the morning, at lunchtime and at night
Methylphenidate		
Methylphenidate 10mg tablets	**Example of poor instructions:** One to be taken three times a day	**Example of ideal instructions:** One to be taken three times a day at 8am, 1pm, and 6pm

Appendix 2: Controlled Drug requirements[9]

It is good practice to get a double signature for receipt, balance checks, administration and disposal of controlled drugs. It is recommended that controlled drugs are managed in the following way:

Storage

Controlled drugs should be stored in a locked non-portable container which must be:

- Locked by a key, or a key plus a combination lock, but not a combination lock alone.
- Locked at all times except when being accessed for the storage or administration of medication.

The number of keys should be kept to a minimum; should only be held by those individuals who have authority to access the cabinet/container; should never be left in desks, on hooks, or out on display; should never be given to an unauthorised person.

If the controlled drug is being stored in the school <u>out of normal working hours</u> the storage container should be:

- Of robust construction
- Made of steel
- Securely bolted to the floor or an internal wall
- In a room or building that is alarm protected.

Record keeping

The following information should be recorded in a controlled drugs register. This register should be a hard backed book where pages cannot be torn out.

The following should be recorded:

On receipt:

1. Date and time received into school
2. Name of parent or carer who provided the medicine and the pupil's name and class
3. Quantity received (count them on receipt)
4. Name and signature of the member of staff who received the medication.

On supply:

Ideally two members of staff should be involved in the supply (second member of staff to witness the supply and countersign the register):

1. Date and time given
2. Pupil's name and class
3. Quantity given
4. The resulting remaining balance. Check the register 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.

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[9] This guidance also takes into account recommendations for the NHS in *Controlled drugs: safe use and management*. NICE guideline 46, April 2016. This guideline makes one reference to schools in 1.1.9 which states that: *Non-healthcare settings, such as schools, should have systems and processes in place for storing, recording and transporting controlled drugs that belong to a person who is under the organisation's supervision.*

Disposal

DfE guidance states that when no longer required, medicines should be returned to the parent or carer to arrange for safe disposal (Template C - record of medicine administered to an individual child: has a section for 'quantity returned').

If parents or carers, after invitation to do so, do not collect all medicines, they should be taken to a local community pharmacy (with prior agreement) for safe disposal. A staff member name and signature, plus a signature and date of the pharmacy receiving the drugs for destruction should be recorded in the pupil medication record and the controlled drugs register alongside the name of the person whom the medicine was prescribed for; and the name, strength, and quantity of medicine returned to the pharmacy.

Controlled drugs for disposal should be separated from the other controlled drugs in use.

How should medicines be managed on school trips and residentials?

See question 20.

Supporting information:
The following NHS guidance[10] is good practice and is therefore recommended for schools which keep controlled drugs on their premises.

Records of administration should include the following:

- Name of the person having the dose administered
- Name, formulation and strength of the controlled drug administered
- Dose of the controlled drug administered
- Name and signature of the person who administered the dose
- Name and signature of any witness to administration.

All entries made in a controlled drugs register should be:

- Entered in date order
- Entered promptly - on the day of the transaction
- In permanent black ink e.g. a biro which cannot be rubbed out
- Unaltered – entries must not be cancelled, obliterated or altered. Corrections must be made by dated marginal notes or footnotes. The register should be marked to show who the amendments made are attributable to
- Registers should be kept for 7 years from the date of the last entry.

The procedure for stock checks for controlled drugs entered into the controlled drugs register should include:

- Checking the balance in the controlled drugs register against current stock
- Checking stocks at least once a week
- Recording stock checks along with the date and signature of the person carrying out the check
- If possible, having two people present to carry out stock checks.

[10] Controlled drugs: safe use and management. NICE guideline 46, April 2016

Appendix 3: Letter to community pharmacies re: Supplying emergency adrenaline pens to schools

10th October 2017

Dear Colleague

Supply of spare emergency adrenaline auto-injectors (AAIs) to schools

From 1st October 2017, schools can purchase AAIs without a prescription from a pharmacy for use in emergencies. This is described in Department of Health (DH) *Guidance on the use of adrenaline auto-injectors in schools* published in September 2017 (available at www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools).

An emergency AAI can only be used by children where written parental consent for use has been given, and who have been clinically diagnosed to be at risk of an anaphylactic attack. The use of an emergency AAI will be described in that pupil's individual healthcare plan. The DH guidance includes information on how to recognise an attack, what to do during an attack, and exactly how to administer the AAI. The school will have a protocol for managing the use of emergency AAIs which will be included in their wider policy on supporting pupils with medical conditions. This policy will include e.g. how to supply, store, care and dispose of an emergency AAI; and how to support and train staff in the use of an emergency AAI.

A written order signed by the head teacher must be provided to enable a supply to be made to the school. It must state the:

- name of the school
- purpose for which that product is required
- total quantity required

Ideally appropriately headed paper should be used (however this is not a legislative requirement).

A template written order is available in the DH guidance and appears in the Appendix. The template requires the school to specify:

- The brand - DH guidance advises that schools hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training (note that the current formulary choice in the County Durham and Tees Valley formulary at http://joint-formulary.tees.nhs.uk/ is Jext).
- The strength – this is based on the age of the child(ren) and according to Resuscitation Council (UK) guidelines[11].
- The required number - pharmacists should exercise their professional judgement when receiving requests for AAIs from schools following the principles that schools should purchase AAIs in small quantities, on an occasional basis, and not for profit. The DH guidance requires schools to hold these AAIs in an Emergency Kit, of which more than one Kit is likely to be required depending on the size of the school and the need to take Kits out on school trips.

[11] Guidelines for healthcare providers. Resuscitation Council (UK). Available at: www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/

The signed order should be retained for two years from the date of supply. The RPS *Quick Reference Guide - Supply of spare adrenaline auto-injectors to schools* published in September 2017 (available at www.rpharms.com/) advises that it is also good practice to make a record in the POM register for audit purposes. This entry must include the:

- Date the POM was supplied.
- Name, quantity and where it is not apparent, formulation and strength of the POM supplied.
- Name and address, trade, business or profession of the person to whom the medicine was supplied.
- The purpose for which it was sold or supplied.

Pharmacists should demonstrate the use of the AAI to the school staff member (practical guidance for schools is also available at www.sparepensinschools.uk, and pharmacies can order free training devices from the manufacturers).

The school should pay for the emergency AAI(s) as retail items. Schools will not require a sharps bin since they will pass the used device to the ambulance staff that then attend the school following an anaphylactic attack.

REQUEST FORM: Request for Emergency adrenaline auto-injector device

[Insert school letterhead with full school address]

[Insert Date]

We wish to purchase emergency adrenaline auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis (further information can be found at www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors).

Please supply the following devices:

Brand name (see table below)	**Dose** (state milligrams or micrograms - see table below)	**Quantity required**

I understand that I will be charged as a retail sale and that the approximate retail cost of one adrenaline auto-injector device (including VAT) is in excess of £40.

Signed: ____________________________________ Date: ____________________

Print name:
Head Teacher/Principal

* Adrenaline auto-injectors are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children aged under 6 years	**For children aged 6-12 years**	**For teenagers aged 12+ years**
Epipen Junior (0.15mg) **or** Emerade 150 microgram **or** Jext 150 microgram	Epipen (0.3 milligrams) **or** Emerade 300 microgram **or** Jext 300 microgram	Epipen (0.3 milligrams) **or** Emerade 300 microgram **or** Emerade 500 microgram **or** Jext 300 microgram

Further information can be found at www.sparepensinschools.uk

Appendix 4: Letter to community pharmacies re: Supplying emergency salbutamol inhalers to schools

17th July 2015

Dear colleague

Re: Supplying emergency salbutamol inhalers to schools

From 1st October 2014 schools have been able to buy salbutamol inhalers, without a prescription, for use in emergencies. This is described in the Department of Health *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015) at www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools.
The guidance states that the school must pay for the items as retail items.

The number of inhalers that can be obtained by a school is not specified in the legislation. The guidance recommends that a school emergency asthma kit should include one salbutamol MDI and at least two compatible spacers, and that schools can consider keeping more than one kit. The guidance advises that spacers should only be used once.

The written order template from Durham County Council (which complies will all the requirements in the legislation) is available below. The written order must:

- Be signed by the head teacher of the school
- State the name of the school
- The purpose for which it is required
- The total quantity required

The emergency inhaler can only be used by children where written parental consent for use has been given, and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The use of the emergency inhaler will be described in that pupil's individual healthcare plan.

The DH guidance includes information on how to recognise an asthma attack, what to do during an asthma attack, and exactly how to administer the inhaler to the child. The school will have a protocol for managing the use of emergency inhalers which will be included in their wider policy on supporting pupils with medical conditions. This policy will include, for example:

- How to supply, store, care and dispose of the inhaler and spacer.
- Appropriate support and training for staff in the use of the emergency inhaler. For example, the guidance recommends the Asthma UK online videos on how to use a MDI and spacer at www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers (videos on 'small / large volume spacer with a child' demonstrate the tidal breathing technique).

The Royal Pharmaceutical Society quick reference guide *Supplying Salbutamol Inhalers to Schools* describes what records the pharmacy needs to keep following the supply. For example it states that the order needs to be retained for 2 years from the date of supply or an entry made into the POM register.

REQUEST FORM: Request for Salbutamol Inhalers and Spacers

[Insert school letterhead with full school address]

[Insert Date]

In line with Department of Health *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015) at www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools , I would like to purchase the following equipment for use in my school. This equipment will be stored within our emergency asthma kit to be used during an emergency asthma situation (for pupils where 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):

…….. Salbutamol Metered Dose Inhalers

………. Plastic Spacers (to be discussed based on the age of the children)

I understand that I will be charged as a retail sale (this will include VAT).

Headteacher: (print name)
………………………………………………………………………………

Headteacher Signature:
………………………………………………………………………………

Date: ………………………………………………………………………

Appendix 5a: How to recognise an asthma attack[12]

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed.

Appendix 5b: What to do in the event of an asthma attack

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

[12] Guidance on the use of emergency salbutamol inhalers in schools. DH, March 2015