

SAPHNA

RESOURCES FOR INDEPENDENT SCHOOL NURSING

**School nurses in independent and
private boarding schools**

MEDICATION



The following information is provided by the RCN.

If medicines are to be administered, schools must have and implement a policy and procedures for doing so. The policy should include for example details of who is responsible for ensuring that staff are suitably trained and risk assessments for school visits, holidays and other school activities outside of the normal timetable. It is good practice for a record to be kept of all training provided and participant attendance.

ADMINISTRATION OF MEDICINES

Medicine (both prescription and non-prescription) must only be administered to a child under 16 where written permission for that particular medicine has been obtained from the child's parent or carer – except in exceptional circumstances where the medicine has been prescribed to the child/young person without the knowledge of the parents. For examples of consent templates, click here: [supporting_pupils_with_medical_conditions_at_school](#).

Schools should only accept prescribed medicines if they 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. For pupils from overseas, medicines should be prescribed by a UK-registered medical practitioner and dispensed



accordingly. Overseas physicians may liaise with the medical officer for the school or a specialist medical practitioner

STORAGE

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



A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. Controlled drugs should be kept in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes of any doses used and the amount of the controlled drug held.

For medicines that require refrigeration, an appropriate refrigerator with restricted access, should be identified and the medication should be placed in a closed, clearly labelled plastic container. This container should then be kept on a separate shelf in the fridge. It is important that medication kept in a domestic fridge is not inadvertently frozen; care should be taken to ensure this does not happen.

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



RECORD-KEEPING

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 of the medication to be administered at school should be documented in school and reported according to the school policy and protocols.

Medication required during a school trip may be carried by the child, if this is normal practice. If not, then a trained member of staff should carry and administer the medication as necessary. A copy of any health care plans and or information on medical conditions should be taken on visits.

HOME REMEDY PROTOCOLS

Registered nurses working in independent schools or those employed directly by an educational establishment can administer a limited range of medications under a homely remedy protocol. A homely remedy is an over-the-counter (OTC) medicine that can be administered without a prescription. Homely remedies fall into two legal categories, GSL (general sales list), which are available widely or pharmacy (P) medicines which are available only from a pharmacy. They are normally given for minor ailments only and include medications such as paracetamol, emollients, oral rehydration sachets and cough medicine i.e. simple linctus.

Over the counter medicines e.g. for pain relief, should not be administered without first checking maximum dosages and when the previous dose was taken. It is good practice for nurses working in independent schools to seek advice and support from the medical officer for the school and a local community pharmacist in developing medicines policies.



PATIENT GROUP DIRECTIONS

Patient group directions cannot be used by nurses working in independent schools or by those employed directly by an educational establishment unless they have a contract with the health service provider in the area. See: [To PGD or not to PGD? – that is the question.](#) NICE has also produced guidance on [obtaining agreement to develop a patient group direction](#) (MPG2).

The Medicines and Healthcare Products Regulatory Agency (MHRA) has stated that: 'PGDs do not extend to independent and public sector care homes or to those independent sector schools that provide health care entirely outside the NHS'. See: [Patient Group Directions in the private, prison and police sectors.](#)

PRESCRIPTION ONLY MEDICINES (POM)

Independent school nurses are able to administer Prescription Only Medicines:

- under the direction of an independent or medical prescriber using a patient specific direction (PSD)
- where an independent school nurse is contracted by the clinical commissioning group/health board or local authority to administer vaccines as part of the national schedule and part of NHS provision. The school nurse can then adopt and sign up to the respective commissioning bodies PGDs, providing they have the appropriate skills and competence.



Certain Prescription Only Medicines are exempt under the legislation for the purpose of saving life, see: [Human medicines legislation schedule 19.](#) Parenteral adrenaline for anaphylaxis (1 mg in 1 ml), Chlorphenamine and hydrocortisone are among those substances listed.

[Further useful information, support and templates can be found here.](#)