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Self-administration of medicines in secondary schools and colleges by students living with medical conditions: content analysis of school medicine policies in England

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Introduction: Every school in England is required to have a policy to support students with a medical condition under statutory guidance issued by the Department for Education. The guidance promotes self-administration of medicines where possible, supervised by an adult. Transition from paediatric to adult healthcare during adolescence should be a process of gradually transferring control and responsibility from parents and other responsible adults to the young person taking the medicine. There are several barriers that might prevent autonomy, but effective self-management of long-term conditions at school is essential for wellbeing and learning.

Aim: To explore secondary school/college medicine policies displayed online for content regarding the self-administration of medicines by students.

Methods: This was a group project involving six MPharm students. Each student was assigned one or two of the nine regions of England to explore, covering all regions, and they used search engines to find school websites with accessible health/medicine policies. The group employed purposive sampling within their Region to achieve a diverse sample of schools (e.g. nursery age to college; urban and suburban; public and private/fee-paying). An online data collection form was developed by the group to facilitate consistent, directed content analysis of school health/medicine policies (quantitative and qualitative). The topics reflected issues of interest from their literature review e.g. which medicines were mentioned by name in the policy, and arrangements for bringing long-term medicines to school. One topic within the form was to search for content relating to self-administration of medicines. For this abstract, within the wider study, the policies were subjected to directed content analysis to find any statements relating to self-administration.

Results: The students analysed 50 school policies across England (3 East Midlands; 1 East of England; 8 London; 7 North East; 8 North West; 10 South East; 4 South West; 4 West Midlands; 5 Yorkshire & Humber). Eighteen of the 25 secondary school/college policies included statements about self-administration of medicines. Many (n=13) were comprehensive, stating that young people with medical conditions should assume complete responsibility under parental supervision. Others (n=4) specified partial self-administration for diabetes, asthma or severe allergies. The remaining school, however, specified that their students could not keep or carry any essential medicines, apart from salbutamol inhalers.

Conclusion: Most schools have adopted a positive approach to self-administration of medicines consistent with the recommendations of statutory guidance. There is, however, some variation in this approach and a minority of schools that do not promote self-medication and thus still prefer to keep medication stored away from the student. This study highlights a context not commonly studied in pharmacy practice, which is a strength, but has a limitation of a small sample that might not reflect the whole situation in England. Another limitation is possible omission of information by the student researchers, where independent validation by another person would be ideal but not practical in the scope of the short-term study. Pharmacists are well-placed to offer support to schools, and to be a resource for teachers, students and families, and this topic merits further exploration.

References