

## **The administration of medicines, and the use of alcohol, tobacco, drugs, solvents and other substances during offsite visits**

### **General principles**

- As part of the planning process for an offsite visit, the visit leaders should consider carefully issues connected with the administration of medicines, and the possible use of drugs, alcohol, and tobacco, and existing internal policies will normally apply equally to all offsite visits.
- It is good practice to agree before a visit the behaviour expected of staff and group members, and what sanctions will be applied if the rules are broken. It is important to ensure that this is understood and accepted by everyone involved, including parents/guardians.

### **Administering Medicines**

- Visit leaders should be aware of and comply with the latest national guidance on administering medicines and with their own school/establishment's policies (for example, a section within each school's Policy on Health and Safety should give guidance on administering medicines to pupils, and include the context of offsite visits).
- Current guidance for schools states that "staff should never give a non-prescribed medicine to a child unless there is specific written prior written permission from the parents. Where the headteacher agrees to administer a non-prescribed medicine, it must be in accordance with the employer's policy...which should set out the circumstances under which staff may administer non-prescribed medicines". The reasoning is that may be no way of knowing for certain whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken, or whether the pupil may react adversely to the medicine. National guidance states that "a child under 16 should never be given Aspirin or medicines containing Ibuprofen, unless prescribed by a doctor".
- Notification of the need for medication and arrangements for storage, security and administration should be in accordance with the school/establishment's medicines policy. Leaders may need to check that refrigeration facilities are available, including during the journey.
- National guidance also states "staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any individual health care plans should be taken on visits in the event of information being needed in an emergency."
- If first aid is administered, other adults should be made aware and if possible another appropriate colleague should be present. The child/young person should always be made fully aware of what is happening as appropriate. All such incidents should be recorded and reported in line with the requirements of the school/establishment first aid policy and any Health Care Plan. Employers and establishments should ensure that their medication policies take into account the full range of visits and activities. These may include residential visits, visits overseas, remote supervision, and situations where groups might be distant from, or unable to make immediate contact with, parents and medical professionals.
- As it is unlikely that any medication policy will cover every possibility - the policy should be written in such a way as to allow staff the flexibility to use their judgement in doing what is best for the well-being of children and young people. Staff should always use their judgement and experience when applying their employer's policy to any particular situation, to ensure that the well-being of children and young people is paramount. The conditions of employment of some staff, including teachers, do not include managing or administering medicines.
- Establishments should ensure that they have sufficient staff members accompanying a visit who have either volunteered to manage medicines, or who are employed to do so as part of their duties. Staff should be properly trained to manage medicines – but in many cases such training need only involve familiarisation with the employer's policy and reading instructions from a parent or doctor, or on a medicine packet, or perhaps a demonstration of how to use an epinephrine auto-injector (e.g. EpiPen). Staff may also need to be provided with information about how to deal with medical conditions which require management in addition to the administration of medicine, such as diabetes. It is important to keep a written record of all medicines administered. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

**Pre-existing medication needs:**

- There is an expectation that children and young people with medical needs will be fully included in activities and visits. Individual risk assessments may be necessary, and reasonable adjustments should be made to enable individuals to participate, unless evidence from a clinician states otherwise. For example, a carer or an additional supervisor such as a parent or other volunteer might be needed to accompany a particular child. A copy of any health care plans and emergency procedures should accompany the individual. Parents should be asked to provide written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.
- Insurance policies should be checked to ensure that they cover staff and pupils with pre-existing medical needs. Arrangements should be made for taking sufficient supplies of any necessary medicines on visits, and for ensuring that they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered, and that records are kept of their use. All staff supervising visits should be made aware of individuals' medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents, is one way of achieving this. You should consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.
  - If appropriate, a member of the staff team should be trained in administering medication, and should take responsibility for this. Some individuals may need to take precautionary measures before or during exercise and may also need to have immediate access to their medicines such as asthma inhalers. Staff should check that such medicines are available during activities, and that spares are available if necessary. It is illegal to give a medicine which has been prescribed for one person to another. However, in two specific cases schools may buy, carry and administer medication in emergency situations.

**Asthma Inhalers**

- Since the 1st October 2014 schools have been allowed to carry emergency salbutamol inhalers, and use these when they have parental consent to do so. Use of emergency inhalers should be subject to a protocol forming part of the establishment's medical conditions policy. Government guidance is available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)
- If this link does not work, try copying the link and pasting it into your browser, taking care to remove any rogue spaces. The well-being of children and young people should always be given the highest priority: if a child suffers from a life-threatening asthma attack and does not have their own inhaler, then the benefit of giving a blue inhaler from elsewhere is likely to outweigh the risks of not doing so.

**Adrenaline auto-injectors**

- From 1st October 2017 the Human Medicines (Amendment) Regulations 2017 allow schools to buy adrenaline auto-injector devices (epi-pen etc) without prescription. These must be for administration to a pupil at the school who is known to be at risk of anaphylaxis and requires the product in an emergency. Use of emergency auto-injectors should be subject to a protocol forming part of the establishment's medical conditions policy. Such 'spare' auto-injectors should not be seen as a replacement for the young person's own medication. All young people at risk of anaphylaxis should carry two auto-injector devices at all times. The Department of Health has issued "Guidance on the use of adrenaline autoinjectors in schools" available at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-autoinjectors-in-schools>
- During offsite visits, where staff are acting "in loco parentis" and may occasionally have to make independent decisions, there might be circumstances when it is reasonable and acceptable to administer some basic off-the-shelf medication/treatment (e.g. if a child has sunburn, or an insect bite), providing they take reasonable precautions and preparations. In particular, Leaders should ensure that prior information and written consent is obtained (see appendix VGA 13.4) from parents/guardians regarding any medical conditions/needs that may require the

administration of medication or treatment (whether self or externally administered) during a visit, in particular:

- names/details/symptoms of any pre-existing conditions/illnesses;
- the possible implications for the young person, staff or other group members during the visit;
- any medication that should be given – including dosage, frequency, storage/security requirements, and responsibilities for looking after and administering it;
- family doctor's name/contact details.
- Leaders should ensure that prior information and consent is obtained from parents/guardians regarding any treatment of minor illnesses/injuries that may be required during a visit (e.g. headaches, rashes, coughs/colds, insect bites, minor cuts/grazes etc.), in particular:
  - any “off the shelf” medication/treatment that can acceptably be administered, if deemed necessary (see appendix VGA 13.4);
  - any medication (e.g. throat lozenges) that the young person will have with them, and can acceptably self-administer;
  - any medication/treatment that is specifically not permitted (e.g. due to allergies).
- Visit leaders should ensure that information and consent is obtained from parents/guardians regarding the provision and administration of other products, such as sunscreen.
- Staff need to risk assess each situation, and decide if it is acceptable for a young person to self-administer medication/treatment, or if it is safer and preferable for staff to administer it (this will clearly depend partly on the age and ability of the group member concerned);
- In the event of a group member having a minor illness/injury that requires immediate treatment, but does not require referral to a doctor/hospital, the leader should:
  - check if the illness/injury really does need immediate treatment or if alternative, less invasive methods might be acceptable and viable in the circumstances (e.g. a period of rest/sleep to overcome the effects of a headache);
  - check the parent/guardian medical consent form for information and consent details;
  - if unsure, try to contact the parent/guardian or the young person's doctor concerned for guidance before taking any action;
  - wherever possible, ensure that another person (preferably an adult) is present throughout, to act as a reliable witness (their signature can be added in the accident book);
  - if appropriate, ask the young person if they have had a similar illness/injury before;
  - if appropriate, ask the young person what medication/treatment they normally receive, and if they are allergic to any treatment/medication;
  - administer the minimum treatment/medication deemed necessary, preferably using medication that the young person is familiar with using;
  - keep a written record of any treatment/medication given – it might be sensible, in some circumstances, to obtain the written agreement and signature of the casualty and a witness;
  - wherever possible, use hypoallergenic antiseptic wipes, gloves, and plasters to minimize the risk of any reaction;
  - continue to check that the young person responds satisfactorily to treatment, and suffers no adverse reactions.
- In the event of a group member requiring immediate first aid, leaders must risk assess the situation, and judge for themselves the best course of action. For example, the risk of a serious adverse reaction to the application of a plaster is normally minimal and, providing reasonable precautions and sensible actions are taken, staff should not hesitate to administer treatment if it is deemed necessary for the young person's safety and welfare (for example, it could be argued that the risk of septicemia from an untreated cut is greater than the risk of a severe allergic reaction to a hypoallergenic plaster).
- Visit leaders should ensure that they have relevant information about the medical needs of staff members as well as those of the young people. These records should be treated confidentially.
- Staff members should ensure that their own medication is stored safely. It is expected that staff who use medication are aware of any effects this may have on them, and restrict their actions accordingly (e.g. not driving). They should inform the Visit Organiser of any issues that might affect them and their ability to fulfill their roles and responsibilities during the visit.

### Use of Alcohol

- No adult leader should be responsible for the supervision of young people, or in contact with young people whilst adversely affected by alcohol or other drugs. Group leaders have a continuous responsibility for the welfare of the group, and should always be in a position to respond capably to an emergency at any time. This 24-hour responsibility should be considered even when “stand-down time” is allocated.
- Excessive alcohol consumption can pose a substantial risk to health and safety of adults and young people, and may result in significant behaviour change and impaired judgement and function for many hours afterwards. Visit leaders and group members should also be aware that alcohol use might invalidate their travel insurance.
- It is strongly recommended therefore that all leaders refrain from consuming alcohol whilst they are leading visits. In exceptional circumstances, visit leaders may decide that acceptable arrangements can be made to drink small quantities of alcohol (for example, a glass of wine with a meal) during a visit, but this should be discussed carefully and agreed beforehand by the leadership team (and their managers), and suitable arrangements made (e.g. supervision rotas), so that the health, safety and welfare of group members is not in any way compromised.
- The possibility of alcohol use/abuse by group members should be considered during the risk assessment of a visit, and sensible precautions taken. Special consideration may be necessary for visits involving young people who are over 18 years old, but it may cause problems if different rules are applied to different age groups. If alcohol consumption is considered acceptable by those aged over 18, then clear guidance should be given regarding how much is acceptable. It might be preferable to allow over 18's to drink only under the supervision of a staff member.
- Whatever rules are set and precautions taken, young people sometimes do not comply, and this can have tragic consequences. For example, one young person from the UK died on a visit to Germany through alcohol abuse. The group had been allowed to drink a small amount of alcohol during their meal, but they went on to consume spirits at a local bar during ‘free time’. The boy became unconscious and his peers decided not to get help for fear of ‘getting into trouble’. The boy stopped breathing and died. It is essential therefore for leaders to discuss emergency plans beforehand and to emphasize to group members that personal safety is a far greater consideration than the fear of reprimand.
- Organisers of foreign exchange visits should consider what guidance they should give to group members (and their parents/guardians) if they are likely to be offered alcoholic drinks by their hosts during the exchange visit, as this might be considered the norm in some cultures.
- For overseas visits, group members should normally abide by UK laws regarding the purchase and use of alcohol unless the country in question has stricter rules than the UK. For example:

Country	France	UK	Iceland
Legal age to buy/consume alcohol	16 yrs	18yrs (16yrs with meal)	20yrs
Outcome for UK group on visit	Use UK law	Use UK law/rule	Use Iceland law

### Use of Tobacco

- Although the possession and use of tobacco (though not sales to under 16s) is unrestricted in law, in practice smoking presents a danger to the health of the smoker, to those around and, in certain circumstances, may pose a fire risk. A non-smoking policy should therefore be the norm on visits organised by schools and other young people’s organisations. The visit leader should also ensure that they and other staff in no way condone or encourage smoking, and that agreements are made with any staff who need to smoke as to when and where they should do so. Adult leaders should not be allowed to smoke in face to face situations with young people, and young people should not be subject to passive smoking even if they decline to object.
- If members of the party are over 16 years, visit leaders may wish to negotiate times and places they may smoke, making the sanctions clear (for example, the leader of a ski visit was notified that some young people would not get through a day’s activities without smoking).

The visit leader established prior to the visit the number of cigarettes they would need, and agreed they would smoke only during free time and in designated smoking areas outside).

- The purchase of tobacco products as gifts by group members should be discouraged and parents/guardians should be advised accordingly.

### **Use of Drugs, Solvents and 'Poppers' (nitrites)**

- It is currently illegal to possess, use and supply Class A, B and C drugs in the UK (for more details see [www.talktofrank.com](http://www.talktofrank.com)). Cannabis is a Class A drug and is illegal.
- Other countries have different laws regarding alcohol and drug use (see [www.fco.gov.uk/travel](http://www.fco.gov.uk/travel)), but the practice or behavior expected from group members on a visit should only change where the country concerned has stricter rules than the UK. In all other circumstances, visit leaders should be guided and abide by UK law. However, visit leaders should make themselves and group members aware of the legal situation and policing arrangements that apply to the countries they are visiting.
- It is an offence for people to knowingly allow premises they own, manage or have responsibility for, to be used by any person for the supply of a controlled drug or the administration or use of any controlled drug which is unlawfully in that person's possession. It may be held that teachers or other adults are responsible for premises wholly or substantially used by their pupils/young people, even where ownership lies elsewhere.
- When appropriate, all young people, parents/guardians, and staff members on a visit should be informed that the possession, use or supply (which includes sharing) of any controlled substance is not acceptable and that any contravention of this will result in disciplinary and/or legal action including an individual or individuals being sent home at their own expenses. In the UK, teachers/youth workers are not duty bound to inform the police of illegal drug taking, but they may choose to do so if they feel this in the best interests of the young person. Visit leaders should ensure that they act in accordance with the school/establishment drug policy when dealing with such issues.
- Volatile Substance Abuse (VSA) accounts for over 60 deaths a year in the UK. Lighter refills are one of the principal causes of death although many household and personal hygiene products are capable of being abused.
- Group members should be discouraged from taking aerosols and solvent based products with them on visits. Cigarette lighters and refills similarly should be restricted. Staff should keep control of any items that group members may have. Group members and parents/guardians should be advised that cigarette lighters and refills are not acceptable presents for a young person to buy as a gift. (N.B. Lighter fuel sales to under-18s are illegal in England.)
- If adults find anyone engaging in solvent abuse they should not shout, alarm or excite them as this may precipitate a heart attack. A calm, reassuring approach is necessary.