



MEDICAL INTERVENTIONS POLICY

JANUARY 2015

Chadsgrove School

POLICY on MEDICAL INTERVENTIONS

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1. INTRODUCTION

The revision of this policy is in response to statutory guidance which became effective in schools in September 2014:

Supporting Pupils at School with Medical Conditions (DfE Statutory Guidance 2014 – Effective from 1st September 2014)

It states that ‘appropriate authorities’ must make arrangements to support pupils at school with medical conditions. The Statutory Guidance also applies to activities taking place off-site as part of normal educational activities.

Chadsgrove staff administer all necessary medical interventions during the school day. The Medical Interventions Manager and Medications Manager have responsibility for medical interventions on a day to day basis and work in close liaison with the School Nurse Service and other professionals.

Medications are only administered in school when it would be detrimental to a pupil's health or school attendance not to do so.

Generally a School Nurse is on-site during the school day. The School Nurses will support pupils through:

- Training to support school staff in management and delivery of interventions such as enteral feeding, administration of oral and gastric medications, catheterisations, epilepsy care, asthma management, management of diabetes
- Organise training from an external source where necessary e.g. tracheostomy care, suction, delivery of oxygen

- Monitoring of Health Index Pupils, Looked After Children, Child in Need Plans, Safeguarding
- Contribution of information to Education, Health and Care Plans, where appropriate
- Attendance at Medical Clinics, when held in school
- Nursing support to the Special School Nurse Team across Worcestershire schools
- Transcribe all information relating to medications to medication records
- Draw up single dose labelled medications for trips, when appropriate

2. DETAILS OF MEDICAL INTERVENTIONS AT CHADSGROVE

At Chadsgrove, medical interventions comprise: First Aid, administration of rescue medications such as asthma medications or EpiPens for severe allergic reactions; enteral and naso-gastric feeds and medications, oral medications, catheter care, management of epilepsy – both long term and emergency, tracheostomy management. Support in the care and management of other conditions would be offered as necessary.

Those staff who assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Worcester County Council against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability. Worcestershire sees itself as a Local Authority which endeavours to enable all pupils to attend school whenever possible.

Apart from the Medications Manager, all other education staff at Chadsgrove take on the medical intervention roles on a voluntary basis. All staff that administer medications or carry out interventions as detailed above, either in an emergency or on a regular basis, receive training and re-training when necessary. All training is recorded by the trainer, usually the School Nurses. Individual staff members are responsible for maintaining their training and ensuring that it is recorded on the Single Central Record. Staff are also responsible for ensuring their training is renewed annually.

2.1 Level of Competency Required for Interventions

Staff delivering medical interventions are deemed competent for a procedure on either a generic or individual basis. This is determined by Orchards School Nursing Service, following NHS guidelines. Generic cover means that when a member of staff is deemed competent in a particular procedure then they can deliver that intervention to anyone who needs it. Individual cover means that the member of staff is deemed competent to deliver that intervention to a particular pupil. They may give the same intervention to more than one pupil and would

need to be signed off for each separate pupil. Levels of competency are as follows:

Intervention	Competency Level
Oral Medications	Generic
Gastric (tube) Feeding	Individual Patient Specific
Gastric (tube) medications	Individual Patient Specific
Catheterisations	Individual Patient Specific
Asthma Medications	Generic
Epipen	Generic
Oxygen Delivery	Individual Patient Specific
Suction	Individual Patient Specific
Seizure Management	Generic Epilepsy Training with Individual Care Plan
Administration of Controlled Drugs	Generic

Medical information is provided by parents or carers and is treated as confidential. Care plans are developed and devised by the Medications Manager using this information. Medication Records are written by the School Nurses. Changes to either the Care Plans or Medication records can only be made if information is received from parents, carers or medical staff in writing. Parents or Carers will be asked to confirm any changes at the next available opportunity such as an Annual Review, Education, Health and Care Plan meeting or Parents Evening. All records are kept securely and information only given to those who need to know.

Related Policies

Number	Name of Policy	Author	Leader
15	Health Education	Kate Pask	Sara Harding
44	Health and Safety (includes First Aid)	Gill Clerici	Angela MacVie & Jacqueline Pitt
53	Educational Trips & Residential Visits	Val Evans	Gareth Brown
54	Infection Control	Gill Clerici	
55	Bereavement and Loss	Gill Clerici	
69	Therapy and Medical/Nursing Provision (due to be reissued Jan 2015)	NHS Staff	Debbie Bolt, Orchard Service
74	Intimate Care	Gill Clerici	
77	Epilepsy Policy	Julia Atterbury	Julia Atterbury

Key Staff

Role	Responsibility	Name
Headteacher	Overall responsibility for all aspects of medical support connected with school	Deb Rattley
Medical Interventions Manager	Responsibility for the Policy in liaison with health professionals; line manager of the Medications Manager	Sara Harding
Medications Manager	Day to day responsibility for the administration of medications	Jen Lacey
School Nurses	Preparation of Pupil Medicines Charts, contribution to Care Plans, signing off competencies of education staff to administer specific interventions, administration of specific interventions only delivered by qualified nursing staff.	Lydia Ellis and Jenny Jordan

3. THE ADMINISTRATION OF MEDICATIONS

3.1 GENERAL

- 3.1.1 Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 3.1.2 Only prescribed medications can be administered at school.
Parents/carers may provide medications labelled 'PRN' or 'when required' for any medications that may only be given from time to time. The medication will be included on the pupil's medications chart. If a parent/carer thinks their child may need some of that medication on a certain day, they should send written instructions detailing when the last dose was given at home. The Medications Manager will send written information home to state the time and amount of any doses given in school.
- 3.1.3 Rescue medications should be provided in pharmacy labelled packaging and the school nurses will write the details onto the pupil's medication chart. An additional form must also be completed for the medication Buccolam (Midazolam). The school reserves the right to refuse responsibility for the administration of medicine in some instances.
- 3.1.4 Pupils who are acutely ill and who require a short course of antibiotics should remain at home until they have been receiving the medication for 24 hours to ensure there is no allergic reaction.
If possible, parents/carers should ask their Medical Practitioner to prescribe doses that do not need to be given during school hours however, should a dose need to be given during the school day, parents/carers should send the medication in pharmacy labelled packaging with written instructions and consent about when the medication should be given.

- 3.1.5 All staff who are signed off as competent to administer oral medications have Generic Competency for this procedure. However, for each pupil, medication should be administered by named individual members of school staff (with specific responsibility for the task) in order to minimise error. All pupils who require medication to be given during school hours should have clear instructions where and to whom they report, if this is appropriate. Staff administering medication should sign the pupil's Medication Chart as each dose is given.
- 3.1.6 Changes to the Medication Chart can only be made by the school nurses. If a pupil's medication changes and the nurse is not available to amend the Medication Chart, then either the Medications Manager or named Education Staff in Lower or Upper school should complete the appropriate emergency paperwork (Documentation of Medication Not Transcribed Form), to enable the pupil to receive the correct medication. The paperwork should be given to the school nurse who should amend the Medication Chart at the earliest possible opportunity.
- 3.1.7 It is the responsibility of parents/carers to update the school of any changes in administration for routine or emergency medication. Changes must be notified in writing and the Medications Manager, in liaison with the school nurse will amend care plans and Medications Charts, as necessary. Parents/carers should review Care Plans and Medications Charts at the earliest opportunity if amendments have been made or otherwise annually at Annual Review or Education, Health and Care Plan meetings.
- 3.1.8 It is the responsibility of parents/carers to maintain an 'in date' supply of medication. Any unused medication or time expired medication will be given back to parents/carers, via passenger assistants, for them to dispose of.
- 3.1.9 School will only accept medications that are in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Labelling should say the maximum single dose within 24 hours. Medications will be administered according to the manufacturer's guidance i.e. pills should never be crushed or capsules opened prior to administration unless specifically detailed.
- 3.1.10 Rescue medications such as reliever (blue) inhalers, epipens, buccal medications and sugary sweets for diabetics should be stored as follows:

Rescue Medication	Storage
Blue (Reliever) inhalers	In pupil's own bag and kept with the pupil unless pupil is too young (2LS, 4LS). Inhalers should be stored unlocked in the classroom and taken to swimming, Forest Schools etc.

Epipen	In pupil's own bag and kept with the pupil (or in classroom if pupil too young and taken with the pupil to swimming, Forest Schools etc.
Buccal Medications for Epilepsy	In locked medicines cabinet in either Lower or Upper school medical rooms
Sugary Sweets for Diabetics	In Lower or Upper school Medicine Rooms

- 3.1.11 Salbutamol inhalers for general emergency use in the event of a pupil having an asthma attack and not having their own reliever inhaler, is labelled and locked in the medicines cupboard in both Lower and Upper school.
- 3.1.12 In the event of the fire alarm sounding, the Medications Manager should take out an emergency First Aid kit which also contains a Salbutamol inhaler for general use and specifically labelled emergency rescue medication for those pupils who may require it. The Medications Manager should also take out copies of Care Plans and Medications Charts.
- 3.1.13 It is the responsibility of the parent/carers to provide a yellow 'sharps box' and ampoule cutter for use in school. Full boxes will be sealed and returned to parents/carers for disposal.
- 3.1.14 Staff will use disposable gloves, where necessary
- 3.1.15 Drug error is broadly defined as any error in the prescribing, dispensing or administration of a drug (including non-administration when due), irrespective of whether such errors lead to adverse consequences or not. A drug error should be reported to the Medications Manager in the first instance who will disseminate the information as required. All errors will be recorded and reported to parents/carers. Drug errors will be recorded in the school's 'Accidents to Pupils' record book. Methods employed to minimise human error include;
- Staff administering medications will receive initial training and be signed off as competent in the procedure by the School Nurse. They will receive annual refresher training, according to NHS guidelines
 - Wherever practicable, staff administering medications will ask another (preferably) trained member of staff to observe them preparing to administer the medication in terms of name of pupil, dose, medication in date, correct medication.
 - The Medications Manager will regularly 'spot check' procedures, at least once per term
- 3.1.16 The following practices are not acceptable:
- Ignoring the views of parents/carers, medical evidence or opinion (although this can be challenged)

- Prevent pupils from participating in school activities unless specified in the EHCP because of the need for a medical intervention
- Penalise pupils in their attendance record if their absence is related to their medical condition
- Prevent pupils from going to the toilet or having rest breaks in order to manage their medical condition effectively
- Require parents/carers to attend school to administer a medical intervention although negotiation can be employed
- Prevent a pupil from going on an off-site visit unless parents/carers accompany them

3.1.16.1 Complaints. If any parents/carers or pupils are dissatisfied with the medical support provided in school, they should initially discuss this with the Medications Manager and/or Medical Interventions Manager. If the matter is not resolved, parents/carers or pupils could discuss the complaint with the Headteacher and they may wish to make a formal complaint via our complaints procedure..

3.2 LONG TERM MEDICATION

- 3.2.1 The medications in this category generally act as a preventative and it is essential that they are given in accordance with instructions, see paragraph 3.1 above. Long term medication is particularly applicable to the management of epilepsy and asthma. Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 3.2.2 It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected pupil so that peer group support can be given.
- 3.2.3 Advice for school staff on the management of long term medication for individual pupils (including emergency care) will be provided by the school nurse as requested.

3.3 EMERGENCY TREATMENTS

- 3.3.1 No emergency medication (rescue medication) should be kept in school except that specified for use in an emergency for specific pupils or Salbutamol inhalers used as directed by the Medications Manager or School Nurse.
- 3.3.2 Administration of rescue medications must be in accordance with section 3.1 Administration of Medications, General (above)

- 3.3.3 Advice for school staff about rescue medication for individual pupils will be provided by the Medications Manager or a School Nurse or a Paediatrician on request and noted in care plans and Medications Charts.
- 3.3.4 If it is necessary to give emergency medication, parents/carers of the pupil must be informed as soon as possible.

3.4 MEDICATION ROUTINES

- 3.4.1 Record Keeping. Medications Charts must be prepared by the School Nurse, in accordance with the 2014 Statutory Guidance detailing individual Medications Registers. If a 'Documentation of Medication not Transcribed Form' has had to be completed by a member of school staff to enable new or changed medications to be administered to a pupil in need, in the absence of a school nurse, then the school nurse should transcribe the information to the Medications Chart at the earliest convenience.
- 3.4.2 Care plans detailing appropriate interventions for each pupil should be prepared and maintained by the Medications Manager, in consultation with the School Nurse where appropriate. The Medications Manager should retain a master copy of each plan and a set of plans that may be taken on trips. Working copies of individual care plans for day to day use should be kept with individual Medication Charts in the appropriate medicines room (upper or lower school).
- 3.4.3 Storage. Medications are kept in locked cabinets which are fixed to the wall. The key to each cabinet should be kept in the medicines room. The door to each Medicine Room should be locked with a key coded door with the code only being given to those individuals who have legitimate authority to access the medicine room. Any medication that requires refrigeration should be stored in a locked fridge in the medicine room.

4. CONTROLLED DRUGS

- 4.1 Controlled drugs will be stored in the upper school medical room in accordance with the guidelines for all other drugs in school, i.e. in a locked wall mounted cupboard in a locked room.
- 4.2 Most controlled drugs in school will be recorded in approved WHCT Controlled Drugs Register: Patient's Own CD's
- 4.3 Stocks of controlled drugs in school must be checked weekly by the school nurse
- 4.4 Before a controlled drug is administered all relevant details should be checked and signed for by two appropriately certified staff.
- 4.5 When taking CD's for a pupil who is going on an educational visit, ideally an additional pharmacy labelled bottle should be provided for the trip. If this is not possible, the school nurse may draw up and label a single dose of the medication.
- 4.6 The stock must be checked out and recorded on the CD Record in the presence of the person who will be administering the medication and the transcriber, if

transcribing has taken place or by the Medications Manager if the medication is in its original packaging.

- 4.7 The medication should be stored in the child's bag during the trip but returned to safe storage within school on return.

5. MEDICAL INTERVENTIONS OTHER THAN MEDICATIONS

Procedures including catheterisation and tube feeding can only be carried out by specifically trained education staff. School nurses provide both new training and updates at mutually agreed times. School staff maintain their own records of training which is also recorded on the Single Central Record. A pupil's care plan and EHCP must detail all aspects of any interventions.

6. OFF-SITE SCHOOL VISITS AND MEDICAL INTERVENTIONS

- 5.1 The leader of the visit should ensure that the medical needs of all the pupils participating in the visit have been identified and trained staff accompany the group.
- 5.2 A named person must supervise the storage and administration of medication and/or equipment for a medical intervention.
- 5.3 The named person should ensure they have collected appropriate care plans and medications charts from the Medications Manager prior to leaving for the trip.
- 5.4 For day trips, medications can be provided from the supply held in school for each individual pupil; these can either be taken in the original labelled packaging or drawn up and labelled by the school nurse for administration. Parents will be required to provide a separate supply of pharmacy labelled medications for residential trips.
- 5.5 In line with the Infection Control Policy, the best practice to control the spread of infection and to minimise infection, is for people to thoroughly wash their hands with soap and running water. If there are no hand washing facilities when on an educational visit then anti-bacterial gels and wipes should be used.

All members of staff who administer a medical intervention, must sign to confirm that they have read and understood the Policy for Medical Interventions for supporting pupils with medical needs.

Chadsgrove Staff: I have read and understood the policy and guidance for supporting pupils with medical needs.

Signed _____

Date _____

Name (print) _____

This policy to be reviewed January 2016

APPENDIX 1

Enteral Feeding Guidelines

- Tube placement **MUST** be checked prior to every access of the tube for both feed and medicines. PH should be between 1 – 5.5 unless otherwise stated in an individual's care plan
- Prior to administering feed or medication
 - Check correct feed/meds for child
 - Within Expiry Date
 - Check appearance of feed ie. lump or curdled
 - Correct amount
 - Correct time
 - Right temperature
 - Water flush (cooled boiled water)
- Hands must be washed and gloves worn
- Record any med's/feed given
- Administration sets and containers are for single use and must be discarded after each feeding session
- Syringes
 - Reusable Syringes can be used for up to a week. They should be taken apart washed and air dried between uses. They should be stored in individual's labelled container/wallet
 - Disposable Syringes should be used for people who are immune compromised and discarded after each use
- Extension sets to be changed fortnightly
- Bolus sets can be reused for up to a week following the same guidelines as reusable syringes
- Feeding must not be carried out on transport

