



# **MEDICAL INTERVENTION POLICY**

**October 2020**

Policy No: 91

DATE APPROVED BY GOVERNORS: 5.10.2020

DATE OF NEXT REVIEW: September 2021

LEAD: Jennifer Lacey

GOVERNOR RESPONSIBLE: David Grange

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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 1<sup>st</sup> September 2014 – updated August 2017)

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 school staff administer all necessary medical interventions during the school day. The Medical Interventions Manager and the Senior Leadership Team 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.

## **2. PURPOSE**

The purpose of this policy is to ensure safe practice with medical interventions at school.

## **3. AIMS**

The aims of the medical interventions policy are to:

- Ensure all school staff have an awareness of safe practice with medical interventions
- Ensure all school staff doing medical interventions are trained and deemed competent to do so by health professionals
- Ensure that only health professionals transcribe medications ready for administration by trained staff

#### 4. ROLES & RESPONSIBILITIES

Role	Responsibility
Governors	Ensuring that this policy is regularly updated and adhered to by all staff
Headteacher (Deb Rattley)	Overall responsibility for all aspects of medical support connected with school including liaison with health professionals, updating necessary policies and line management of the Medical Interventions Manager.
Medications Manager (Jen Lacey)	Day to day responsibility for medical interventions across the school, liaison with health professionals and contributing towards policy reviews.
Medical Assistant (Karen Day)	Delivering medical interventions across the school
School Staff	Delivering medical interventions across the school, adhering to the policy at all times. Ensuring all medications are stored safely in the locked medication cabinets, the key to the medication cabinets is locked in the code lock box and the door to the medical room is kept shut. Informing parent carers when medications and medical supplies are low or nearly expired and replacements needed
School Nurses	A Special School Nurse is accessible at all times but not necessarily on-site full-time. Preparation of pupil Medical Administration Record (MARS) See appendix 1. Care planning and supporting clinical assessments and interventions in school for individual pupils. Health intervention training for education staff, in skills required to meet the pupils needs (such as administration of medicines, epilepsy care, tube feeding and changing catheterisation). Contribution to annual health reviews and Looked After Children reviews (LAC). Promoting continence through advice and product management. Liaison and support for parent carers about any issues related to their child's health and well-being, including continence, diet, communication and support for developing self-help skills. Support transition to adult services.

#### 5. DETAILS OF MEDICAL INTERVENTIONS AT CHADSGROVE

At Chadsgrove, medical interventions comprise first aid, administration of emergency medications such as Buccolam for epilepsy, inhalers, Epipens for severe allergic reactions, blood sugar monitoring, enteral feeding and enteral medications, oral medications, catheter care, tracheostomy management, oxygen delivery, suction and nasopharyngeal care. 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 Worcestershire 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.

All staff who administer medications or carry out interventions as detailed above, either in an emergency or on a regular basis, receive training and refresher training annually or sooner if deemed necessary/required. All training is recorded by the trainer, usually the NHS Nurses. The Medical Interventions Manager keeps a record of training and organises with the Nurses, when training needs to be renewed.

### 5.1 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 Special School Nursing Service delivering training and competency assessments, following NHS guidelines. A competencies list is recorded by the Medical Interventions Manager and stored on the school staff share drive within the medical file and is accessible to all staff. '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. 'Patient Specific' cover means that the member of staff is deemed competent to deliver that intervention to a named pupil. Levels of competency are as follows:

Intervention	Competency Level
Oral Medications	Generic or Patient Specific (this is at the trainers discretion)
Enteral (tube) Feeding	Patient Specific
Enteral (tube) medications	Patient Specific
Catheterisations	Patient Specific
Inhaler Medications	Generic
Epipen	Generic
Oxygen Delivery	Patient Specific
Suction	Patient Specific
Epilepsy Emergency Medication(Buccolam)	Patient Specific
VNS	Patient Specific
Tracheotomy	Patient Specific
Nasopharyngeal (NPA)	Patient Specific
Blood Sugar Monitoring	Patient Specific

## 6. RECEIVING MEDICATION IN SCHOOL

Medication is not signed in and out as it is usually received via a third party i.e. Passenger Assistants. If school required the medications to be signed in and out then the Passenger Assistants would also have to implement a system for receiving medications from parent carers which is not practicable. Medications are received and stored safely, in accordance with the guidelines in this policy. Written consent from parent carers should accompany medications sent into school.

## **7. THE ADMINISTRATION OF MEDICATIONS**

### **7.1 DOCUMENTATION**

- 7.1.1 Medical information is provided by parent carers and is treated as confidential.
- 7.1.2 Parent carer consent forms (Appendix 1) must be completed for each medication to be administered. These need updating annually or when there are any changes. These will be updated by the Medical Interventions Manager and School Nurses.
- 7.1.3 Medication Administration Record (Appendix 2) must be prepared by the School Nurse, in accordance with the 2014 Statutory Guidance (updated 2017) detailing individual Medications Registers.
- 7.1.4 It is the responsibility of parent carers to update the school in writing of any changes in all medical interventions.
- 7.1.5 Changes to the Medication Records can only be made by the School Nurses after receiving authorisation from health professionals and parent carers.
- 7.1.6 If a pupil's medication changes and the Nurse is not available to amend the Medication Administration Record, then staff administering medication in school should complete the 'Documentation of Medication Not Transcribed Form'. (Appendix 3) This should be used to enable the pupil to receive the correct medication.
- 7.1.7 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 the absence of a School Nurse, then this will be re-transcribed when the School Nurse returns.
- 7.1.8 Care Plans detailing appropriate interventions for each pupil should be prepared and maintained by the School Nurse in consultation with parent carers and school staff where appropriate.
- 7.1.9 Parent carers should review Care Plans at the earliest opportunity if amendments have been made.
- 7.1.10 Care Plans and Medication Administration Records should be reviewed annually.
- 7.1.11 The School Nurse retains a master copy of each plan. Working copies of individual Care Plans for day to day use are stored in pupil's medical folder (black folder) with Medication Administration Records. Medical folders are kept in designated medical rooms.
- 7.1.12 Trip folders (blue folders) containing a copy of pupils Care Plans and medical details are stored in medical rooms and should be taken on trips.

### **7.2 GENERAL**

- 7.2.1 Medications are only administered at school when it would be detrimental to a pupil's health or school attendance, not to do so.
- 7.2.2 Only prescribed medications can be administered at school.
- 7.2.3 All medications should be provided in pharmacy labelled packaging clearly stating name, dose, and frequency.

- 7.2.4 Parent 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 Medication Administration Record (MAR). If a parent carer thinks their son/daughter may need some of that medication on a certain day, they should send written instructions detailing when the last dose was given at home. School staff will send written information home to state the time and amount of any doses given in school.
- 7.2.5 Pupils who are acutely ill and who require a short course of antibiotics may come into school unless the illness they are receiving medication for is making them too unwell to attend. If possible, parent 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, parent carers should send the medication in pharmacy labelled packaging with written instructions.
- 7.2.6 Each pupil's medication should be administered by named trained member of school staff (with specific responsibility for the task) in order to minimise error. Staff administering medication must sign the pupil's 'Medication Administration Record'.
- 7.2.7 It is the responsibility of the parent carer to supply medications that are labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- 7.2.8 School will only accept medications that are in-date. It is the responsibility of parent carers to maintain an 'in date' supply of medication.
- 7.2.9 The Medical Interventions Manager will carry out monthly checks of medications that are held in school to ensure they are in date and fit for use.
- 7.2.10 Any unused medication or time expired medication will be given back to parent carers via Passenger Assistants for them to dispose of.
- 7.2.11 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 by prescribing health professional.
- 7.2.12 If it is necessary to give emergency medication, parent carers of the pupil must be informed as soon as possible, with written details going home with the pupil that evening or as soon as the pupil leaves school.
- 7.2.13 A medication open date should be written on all medications at the time of opening.
- 7.2.14 Where medication is received in the form of blister packs in a box, all blister packs must match the batch code on the outer packaging. Any that do not match will not be administered; this may result in parent carer being asked to bring appropriately labelled medication into school or a pupil being refused medication.

- 7.2.15 The school reserves the right to refuse responsibility for the administration of medicine in some instances and will seek support from The Nursing Service in these instances.
- 7.2.16 Salbutamol inhalers for general emergency use in the event of a pupil having an asthma attack and not having their own reliever inhaler, are labelled and locked in the medicines cupboard in school.
- 7.2.17 In the event of the fire alarm sounding, the Office Manager should take out an emergency First Aid Kit which also contains a Salbutamol inhaler for general use. In the event of an evacuation taking place and a pupil becoming unwell, an ambulance should be called to attend.
- 7.2.18 It is the responsibility of the parent carer to provide a yellow 'sharps box' for use in school. Full boxes will be sealed and returned to parent carer for disposal.
- 7.2.19 Staff will use personal protective equipment such as disposable gloves and aprons, where necessary.

### **7.3 REFUSAL OF MEDICATION**

- 7.3.1 If a pupil refuses to take medication, in accordance with their Medical Care Plan, this must be recorded on the Medication Administration Record.
- 7.3.2 After the first refusal, a second attempt may be made within 15 minutes of the first attempt.
- 7.3.3 Where a pupil has mental capacity staff must respect this refusal. Staff must explain to the pupil, in ways that they would understand, why it is their advice that the medication should be taken.
- 7.3.4 Regardless of a pupil's mental capacity, forcing or coercing a pupil to take their medication is unlawful and in breach of human rights.
- 7.3.5 Any refusal to take medication must be reported as soon as possible to the Medical Interventions Manager, who will contact the parent carer or relevant health professionals for advice as to the next steps required to safeguard the health and well-being of the pupil.
- 7.3.6 All refusals to take medication will be recorded and an urgent review of medication must take place involving the pupil (where appropriate), parent carer, relevant health professional and an NHS nurse.
- 7.3.7 It is not acceptable that a pupil can continue to refuse to take medication whilst at school, every attempt must be made to support and rectify this situation according to the pupil's best interests.

### **7.4 MEDICAL INTERVENTION ERRORS**

- 7.4.1 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.
- 7.4.2 A drug error should be reported to the Medical Intervention Manager in the first instance who will then report this to the School Nurse and the Headteacher



- 7.4.3 All errors will be recorded and reported to the parent carer.
- 7.4.4 Drug errors will be recorded in the schools 'Medical Incident Form' (Appendix 4) and stored in Medical Incident File located in the locked filing cabinet in the Medical Interventions Manager's office.
- 7.4.5 Methods employed to minimise human error include:
  - 7.4.5.1 Staff administering medical interventions 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.
  - 7.4.5.2 Each pupil's medication should be administered by a named trained member of school staff (with specific responsibility for the task). Staff administering medication must sign the pupil's 'Medication Administration Record'.
  - 7.4.5.3 The Medical Interventions Manager will regularly 'spot check' procedures.

## **8. STORAGE AT SCHOOL**

- 8.1** Medications other than inhalers and Epipens are kept in locked cabinets that are fixed to the wall in a locked medical room. The key to each cabinet should be kept in code key box within the medical room.
- 8.2** Any medication that requires refrigeration should be stored in a locked fridge in a medical room.
- 8.3** Inhalers are stored in blue draw string bags with spacers and a copy of the pupil's Inhaler Care Plan. This should remain with the pupil at all times.
- 8.4** Epipens are stored in pupils' own school bags and remain with pupils at all times.
- 8.5** Respite Medication remains in the pupil's suitcase and is stored in a locked cupboard.
- 8.6** All other medical equipment and supplies such as feed supplements should be stored in a designated area that is clean and organised.
- 8.7** Should staff need to bring medication into school, they should ensure it is stored in a secure place, where pupils cannot access it.

## **9. CONTROLLED DRUGS**

- 9.1** Medications which would be regarded as controlled drugs when in a primary setting such as a hospital or pharmacy are not considered to be so when they are held lawfully and for a specific person, as they are in school and therefore they are stored in accordance with the guidelines for all other drugs in school.
- 9.2** As NHS paperwork is used to record storage and administration of medicines in school, all drugs that would be considered to be controlled drugs in other circumstances will be recorded in approved WHCT Controlled Drugs Register: Patient's Own CD's (Appendix 5 )
- 9.3** Stocks of 'controlled drugs' in school must be checked weekly by the school nurse
- 9.4** Before a 'controlled drug' is administered all relevant details should be checked.

- 9.5** Following administration you must sign the pupils Medication Administration Record and the WHCT Controlled Drug Register.
- 9.6** Controlled drugs should be signed out on Educational trips and these should be taken out in pharmacy labelled whole bottles/containers.
- 9.7** The stock must be checked out and recorded on the CD Record in the presence of the person who will be administering.

## **10. OFF-SITE SCHOOL VISITS AND MEDICAL INTERVENTIONS**

- 10.1** The leader of the visit should ensure that the medical needs of all the pupils participating in the visit have been identified and appropriately trained staff accompany the group.
- 10.2** The identified trained member of staff must supervise the storage of medication and/or medical equipment for the medical intervention.
- 10.3** Cool bags and ice packs are available for medications that are required to be kept cool.
- 10.4** The named person should ensure they have taken appropriate pupil Medical Care Plans and Medication Administration Records from the medical room prior to leaving for the trip.
- 10.5** For day trips, medications can be provided from the supply held in school for each individual pupil.
- 10.6** Parent carers will be required to provide a separate supply of pharmacy labelled medications for residential trips.
- 10.7** 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.

## **11. MENTAL CAPACITY FOR MEDICAL INTERVENTIONS**

- 11.1** Once a pupil reaches the age of sixteen, they are legally presumed to be competent unless a mental capacity assessment proves otherwise.
- 11.2** The Medical Interventions Manager will liaise with the pupil, parent carer and other relevant health professionals to assess if the pupil has the mental capacity and competence to self-administer medication or carry out their own medical interventions.
- 11.3** In all cases of medical interventions, school staff will explain the purpose to the pupil and involve them.
- 11.4** Where this is deemed appropriate, pupils will be actively encouraged to carry out their own medical interventions as independently as possible.
- 11.5** The Medical Interventions Manager will ensure the capacity to carry out pupils own medical intervention is recorded on the pupil's Medical Care Plan.

**11.6** Capacity to carry out pupils own medical interventions will be reviewed regularly by the Medical Interventions Manager, the pupil, parent carer and other relevant health professionals to ensure it is effective.

**11.7** All pupils who have the capacity to carry out their own medical interventions should have clear instructions where, when and to whom they report, if this appropriate.

## **12. UNACCEPTABLE PRACTICES**

**12.1** Ignoring the views of pupils, parent carers, medical evidence or opinion (although this can be challenged in the best interest of the pupil).

**12.2** Prevent pupils from participating in school activities unless specified in the EHCP because of the need for a medical intervention.

**12.3** Penalise pupils in their attendance record if their absence is related to their medical condition.

**12.4** Prevent pupils from going to the toilet or having rest breaks in order to manage their medical condition effectively.

**12.5** Require parent carers to attend school to administer a medical intervention although this may, on occasions, be negotiated if deemed necessary.

**12.6** Prevent a pupil from going on an off-site visit unless parent carers accompany them.

## **13. COMPLAINTS**

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

## **14. APPENDICES**

Appendix 1 – Parent carer consent form

Appendix 2 – Medication Administration Record

Appendix 3 – Documentation of Medication Not Transcribed

Appendix 4 – Medical Incident Form

Appendix 5 – Controlled Drug Register

**All members of staff who administer Medical Interventions must sign to confirm that they have read and understood the Medical Interventions Policy.**

## **APPENDIX 1**

### **Parental agreement for school/setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to  
school/setting \_\_\_\_\_

Any known allergies \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of G \_\_\_\_\_

Agreed review date to be initiated by *[name of member of staff]*: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent carer signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

## **APPENDIX 2**

**Affix patient label here or record**

Name										
Address										
NHS No	[ ] [ ] [ ] - [ ] [ ] [ ]	M	F							
DOB	[ ]/[ ]/[ ]									

  

Year		Date	Dose	8 or	10 or	12 or	18 or	22 or
<b>1</b>	<b>DRUG</b> (APPROVED NAME)							
	Dose							
	Frequency							
	Other instructions / indication							
	Pharmacy							
Sign and Print Name								
<b>2</b>	<b>DRUG</b> (APPROVED NAME)							
	Dose							
	Frequency							
	Other instructions / indication							
	Pharmacy							
Sign and Print Name								
<b>3</b>	<b>DRUG</b> (APPROVED NAME)							
	Dose							
	Frequency							
	Other instructions / indication							
	Pharmacy							
Sign and Print Name								
<b>4</b>	<b>DRUG</b> (APPROVED NAME)							
	Dose							
	Frequency							
	Other instructions / indication							
	Pharmacy							
Sign and Print Name								
<b>5</b>	<b>DRUG</b> (APPROVED NAME)							
	Dose							
	Frequency							
	Other instructions / indication							
	Pharmacy							
Sign and Print Name								

  

Start Time		Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
<b>DRUG</b> (APPROVED NAME)													
Indication/Instruction													
Start date													
Stop date													
Monitoring													
Pharmacy													

**VARIABLE DOSE**

**PREScriBER**  
(sign under each day medicines required)

## APPENDIX 3



### Documentation of Medication NOT Transcribed Form

(May also be used for medication administered in the absence of a Medication Chart i.e. where no transcription, or for emergency administration of adrenaline)

<b>Childs Name:</b>	<b>Date of Birth:</b>
<b>MEDICATION NAME:</b>	
<b>DOSE GIVEN:</b>	
<b>AMOUNT GIVEN:</b>	
<b>ROUTE:</b>	
<b>DATE ADMINISTERED:</b>	
<b>TIME ADMINISTERED:</b>	
<b>SIGNATURE:</b>	

**CONSENT FROM PARENT / MAIN CARER RECEIVED BY:**

**FROM:**

**CONTACT WITH SPECIAL SCHOOL NURSING SERVICE:**

**Detail of message left:**

**Date:**

**Message left by:**

**Date Transcription completed:**

**APPENDIX 4**

Medical Incident Form

Date \_\_\_\_\_

Please detail incident that occurred:  
Including: student, people involved, other  
significant information.

P.T.O

**To be completed by Medical Manager/SLT**

**What needs to happen next – With actions**

**Outcomes:**

Signed/Date\_\_\_\_\_

Medical Manager

Signed/Date\_\_\_\_\_

SLT Lead

Signed/Date\_\_\_\_\_

Head Teacher



## APPENDIX 5

Patient Name:..... Identification Number:.....  
Drug Name:..... Brand:..... Form:..... Strength:.....

[illegible]

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