



MEDICAL INTERVENTIONS POLICY

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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 – 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 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.

The School Nurse will be available 4 days per week although she may not be on site.

. 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, suction ,delivery of oxygen
- 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
- Nursing support to the Special School Nurse Team across Worcestershire schools
- Transcribe all information relating to medications to medication records

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 Enteral 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.

All staff who 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. The Medications Manager keeps a record of training and organises with the Nurses and Medical Interventions Manager when training needs to be renewed.

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 Special 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
Enteral (tube) Feeding	Individual Patient Specific

Enteral (tube) medications	Individual Patient Specific
Catheterisations	Individual Patient Specific
Asthma Medications	Generic (must have completed oral meds training first)
Epipen	Generic(must have completed oral meds training first)
Oxygen Delivery	Individual Patient Specific
Buccalom	Individual Patient Specific
Suction	Individual Patient Specific

Medical information is provided by parents or carers and is treated as confidential. Care plans are created following medical information/parental information and best practise. 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. First dose of medication can be given on verbal consent if medication is correctly labelled. All records are kept securely and information only given to those who need to know.

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	Liz Morgan
Medications Manager	Day to day responsibility for the administration of medications across the school	Jen Lacey with support from Karen Day, when required
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.	Liz Johnson -

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 and will seek support from The Nursing Service in these instances.
- 3.1.4 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, 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 Advisor in 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. School Nurses do have a procedure for following if drug errors are made
- 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 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 parents being asked to bring appropriately labelled medication into school or a pupil being refused medication.
- 3.1.11 Where a pupil is considered mature enough to administer their own medication, it must be given to a class teaching assistant and placed in the locked medical room during the day. The pupil can ask for their medication, as required. This is to ensure the safety of other pupils who may find the medication in a bag or coat, for example and ingest some out of curiosity.
- 3.1.12 Should staff need to bring medication into school, they should ensure it is stored in a secure place, where pupils may not access it.

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 centre and taken to swimming,
Epipen	In pupil's own bag and kept with the pupil
Buccal Medications for Epilepsy	In locked medicines cabinet in the centre

- 3.1.13 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 school.
- 3.1.14 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.
- 3.1.15 It is the responsibility of the parent/carer to provide a yellow 'sharp's box' and ampoule cutter for use in school. Full boxes will be sealed and returned to parents/carers for disposal.
- 3.1.16 Staff will use disposable gloves, where necessary
- 3.1.17 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.
 - Medications are administered by a named member of staff who will check the care plan, medications chart and medicines label before administering a medication
 - The Medications Manager will regularly 'spot check' procedures, at least once per term
- 3.1.18 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

3.1.18.1 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 Project Manager and they may wish to make a formal complaint via our complaints procedure.

3.2 LONG TERM MEDICATION

- 3.1.19 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.
- 3.1.20 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.
- 3.1.21 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.

3.2 EMERGENCY TREATMENTS

- 3.2.1 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.
- 3.2.2 Administration of rescue medications must be in accordance with section 3.1 Administration of Medications, General (above)
- 3.2.3 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.
- 3.2.4 If it is necessary to give emergency medication, parents/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.

3.3 MEDICATION ROUTINES

- 3.3.1 Record Keeping. Medications Charts must be prepared by the School Nurse, in accordance with the 2014 Statutory Guidance (updated 2017) 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 Medicines Manager should transcribe the information to the Medications Chart at the earliest convenience.
- 3.3.2 Care plans detailing appropriate interventions for each pupil should be prepared and maintained by the school nurse. 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
- 3.3.3 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.
- 3.3.4 Receiving Medication into 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 parents which is not practicable. Medications are received and stored safely, in accordance with the guidelines in this policy.

4. CONTROLLED DRUGS.

- 4.1 Medications which would be regarded as controlled drugs when in 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 the upper school medical cabinet 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 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
- 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 one staff, one being the member of staff who will administer the medication.

- 4.5 Controlled drugs should be signed out on Educational trips and these should be taken out in pharmacy labelled whole bottles/containers.
- 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 Medicine Manager provides both new training and updates at mutually agreed times. The training log is held by a nurse and a medical training database by medicines manager. A pupil's care plan 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 appropriately 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. 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

Date _____

Name (print) _____

This policy to be reviewed September 2018

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