



# Regency High School Medical Interventions Policy

**Written by Sara Harding, Headteacher  
Agreed by: Governors**

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Signed by: .....  .....(Chair of Governors)

Date:  .....

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# **Regency High School Medical Interventions Policy**

## **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)

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.

Regency High School staff administer all necessary medical interventions during the school day, after receiving competency training from the School Nurses.

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
- Preparation of care plans and medications records
- Monitoring of 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
- Transcribing all information relating to medications to medication records
- Drawing up single dose labelled medications for trips, when appropriate

## **2. Details of Medical Interventions at Regency High School**

At Regency High School medical interventions comprise: 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 RPA insurers against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability. Regency High School, as an academy school, supports Worcestershire Local Authority which endeavours to enable all pupils to attend school whenever possible, regardless of medical conditions.

Regency High School staff take on the medical intervention roles on a voluntary basis, unless otherwise stated in their contracts of employment. 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. The School Nurses are responsible for ensuring all training is up to date and for providing the school office with an up to date record of who is trained for each particular pupil, to enable the single central record to be completed effectively, by school staff.

### **3. Level of Competency Required for Interventions**

Staff who deliver medical interventions are deemed competent for a procedure on either a generic or individual basis. This is determined by Orchard 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:

<b>Intervention</b>	<b>Competency Level</b>
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

Medical information is provided by parents or carers and is treated as confidential. Care plans are developed and devised by the school nurse 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.

#### **4. The Administration of Medications**

- 4.1 Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 4.2 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.
- 4.3 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.
- 4.4 It is no longer the case that pupils who have been prescribed antibiotics should remain at home for 24 hours after starting the medication. They should only stay at home if the condition they are receiving treatment for makes them too unwell to come into school. 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.
- 4.5 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.
- 4.6 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 class staff should complete a '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.

- 4.7 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 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, if possible.
- 4.8 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, directly or via passenger assistants, for them to dispose of.
- 4.9 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.
- 4.10 Rescue medications such as reliever (blue) inhalers, epipens, buccal medications and sugary sweets for diabetics should be stored as follows:

<b>Rescue Medication</b>	<b>Storage</b>
Blue (Reliever) inhalers	In pupil's own bag and kept with the pupil unless pupil is not able to take responsibility. 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 not able to take responsibility) and taken with the pupil to swimming, Forest Schools etc.
Buccal Medications for Epilepsy	In locked medicine cabinets
Sugary Sweets for Diabetics	In medicine cabinets or nurses room

- 4.11 It is the responsibility of the parent/carer 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.
- 4.12 Staff will use disposable gloves, where necessary
- 4.13 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 school nurse, in the first instance, and if not on the premises, seek advice from their Team Leader, currently Kay Taylor 07525 910264 or at Chadsgrove School. The nurse will advise on the appropriate medical course of action. All errors will be recorded and reported to parents/carers by the class staff. Drug errors will be recorded in the school's 'Accidents to Pupils' record

book and noted by the Headteacher. 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 School Nurse will regularly 'spot check' procedures, at least once per term

4.14 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

4.15 Complaints

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

## **5. Long Term Medication**

5.1 The medications in this category generally act as a preventative and it is essential that they are given in accordance with instructions, see paragraph 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.

5.2 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.

5.3 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.

## **6. Emergency Treatments**

6.1 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 pupil's doctor / GP.

6.2 Administration of rescue medications must be in accordance with section 3.1 Administration of Medications, General (above)

6.3 Advice for school staff about rescue medication for individual pupils will be provided by the School Nurse or a Paediatrician on request and noted in care plans and Medications Charts.

6.4 If it is necessary to give emergency medication, parents/carers of the pupil must be informed as soon as possible.

## **7. Medication Routines**

7.1 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.

7.2 Care plans detailing appropriate interventions for each pupil should be prepared and maintained by the School Nurse. Copies of individual care plans for day to day use should be kept with individual medication. Copies of care plans and medications charts should be taken on trips with relevant information including signatures copied onto the original plan, on return to school.

7.3 Storage. Medications are kept in locked cabinets which are fixed to the wall. The key to each cabinet should be kept in safe proximity. Any medication that requires refrigeration should be stored in a locked fridge in the medicine room.

## **8. "Controlled Drugs"**

8.1 Medicines that would be regarded as 'controlled drugs' in a hospital or pharmacy setting are not regarded as this in schools, if they are held lawfully and legally. Such drugs would always meet this criteria as only medications that have been prescribed by a medical practitioner and dispensed by a pharmacist would be held in school.

8.2 Since all medications in school are held lawfully and legally, the usual storage and administration procedures for oral or gastro medications would apply, even if outside of the school setting, the medications may be described as a 'controlled drug'.



8.3 When taking such medication for a pupil who is going on an educational visit, it is best practice for an additional pharmacy labelled bottle to be provided for the trip. If this is not possible, the school nurse may draw up and label a single dose of the medication.

## **9. 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. A pupil's care plan must detail all aspects of any interventions.

## **10. Off-Site School Visits and Medical Interventions**

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.

10.1 A named person must supervise the storage and administration of medication and/or equipment for a medical intervention.

10.2 The named person should ensure they have collected appropriate care plans and medications charts from the Medications Manager prior to leaving for the trip.

10.3 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.

10.4 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.**

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

## 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
  - Correct temperature
  - Water flush (cooled boiled water)
- Hands must be washed and gloves worn
- Record any medications/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