



Castle Hill School

Medical/Accident/ Medication Policy

Policy Created	2005
Committee	Resources
Last review	2018
Frequency	Annually
Date to be reviewed	Dec 2019

General Policy Statement

At Castle Hill School we intend to provide a safe, secure, caring environment where every one is valued and respected equally. We aim to provide an inclusive education where children develop independent learning skills and are taught according to need whatever their age, gender, background, beliefs or abilities.

National legislation re disabilities, race relations and special education needs underpin this policy, which has also taken into consideration national, local and school policies on Special Educational Needs, Gifted and Talented, Equal Opportunities and Health and Safety.

School Nurses

The school nurse is in school every day from 8.30 am – 4.00 pm. We also have two nursing assistants.

A list of First Aiders is posted throughout school.

Health care assistants

Some children are supported by one to one health care assistants who are funded by health, and work for private agencies. All the agencies and health care assistants are provided with a copy of relevant school policies and undergo the school induction procedure. The one to one health care assistants support the child in their homes, on their journey to and from school and throughout the school day. The health care assistants support the child in monitoring and addressing their individual health needs, which can include respiratory support, gastrostomy feeds and emergency medications with the support of the school nursing team.

Medical information

The nurses store copies of children's individual care plans for allergies, epilepsy, respiratory support, diabetes, gastronomy feeding regimes, tracheostomy, adrenal insufficiency, ketogenic diets, limitation of treatment and do not resuscitate orders. Every class teacher has access to an overview that informs them which of their students has specific care plans, the class teacher will then discuss the care plans with the nursing team and share any relevant information with the staff in their class team.

Action to be taken

When a child complains of feeling ill, or the teacher thinks the child is unwell, or is unsure, then the Nurse/First Aider must be sought if the child is unwell. Some examples if illness are shown below:

When a child complains of feeling ill, or the teacher thinks the child is unwell, or is unsure, then the Nurse will attend to assess the child. If a child falls or suffers an injury then a First aider will assess the child. Some examples are shown below:

epileptic fit
is suspected of having a high temperature
is generally unwell
vomiting
breathing difficulties, ie Asthma attack
has fallen and injured themselves falls, injuries- First Aider
choking

This is not an exclusive list

Epileptic Fits

May need Rectal Valium/Buccal Midazolam as prescribed for child's needs. Training is provided there are detailed guidelines which should be followed. Nurse/First Aider or responsible person will administer medication and record.

Rectal Diazepam/Buccal Midazolam Philosophy

We believe that in the event of a sustained fit, or series of fits, it is in the child's interest to act in loco parentis and administer Valium or Midazolam in accordance with the doctor's instructions. This action:

- minimises danger to children by reducing the time they are in status
- ensure that as the child recovers he/she is in an environment which they know

Practice

Our practice in relation to decision-making has the approval of the senior paediatric consultant and parents.

Should any staff be concerned about changing patterns, symptoms or behaviours they should discuss them with the nurse, child's parents and if necessary these concerns should be relayed to the Principal.

Access to Valium/Midazolam

Each child has their own supply of Valium/midazolam. This is kept in labelled zip lock packets in the locked drugs cupboard. Maintenance of supply and storage are the duty of the nurse unless the child is using transported medication.

1. It should only be taken from the cupboard in the event of it being required, or when the pupil is being taken off site.
2. It should be taken in its labelled box or pouch.
3. It should not be left unattended or in immediate reach of children.
4. It should be taken by the authorised user or an experienced and responsible paid employee requested by the authorised user.
5. Rectal Valium/Midazolam should be signed out in the folder with the date, the time and the member of staff's initials. On return it should be signed back in with the date, time and initials
6. When the immediate need is over it should be returned and locked in the cupboard.

Administration of Valium/Midazolam

It is the duty of the Principal to make clear who is authorised to use Valium/midazolam. A list of designated staff who are trained to give emergency Midazolam is available.

1. Protocol and procedure of administration with the medication is available in the storage pouches
2. It should be administered in accord with dosages and circumstances recommended by the child's doctor.
3. Staff should make every attempt to safeguard the child's well-being and dignity.
4. Every use of Valium/midazolam should be recorded.
5. If a dose of Midazolam has been drawn up but does not need to be administered it cannot be put back into the packet and needs to be safely disposed of by squirting into a paper towel and then placing in a plastic food bag and thrown away in the nurses medical bin.

Please also refer to guidelines on the storage and administration of medications. A clear checklist is also to be available.

Hospitalisation

1. In the event of medication failing to relieve the fit, or in the event of relapses, or any concern for the child's wellbeing, an ambulance should be called.
2. Specific plans should be followed for those students who have care plans agreed.
3. The child should be accompanied to the hospital by someone from school who takes a copy of the pupil's emergency details.
4. Parents should be informed.

Aftercare

Children may recover and respond in a variety of ways following epileptic episodes. It is a matter for the nurse, class teacher and the Principal, or senior staff member, in consultation to decide if the child is fit to remain in the classroom. Under some circumstances it may be appropriate for the child to go to a quieter area, or the nurse's room, or go home following consultation with parents. The decision should balance the well-being of the child, the education of his or her classmates along with various other circumstances such as available supervision, fitness to travel, etc.

Parents should be adequately informed. It is necessary to record any sustained periods of tonic clonic fits. Staff should be aware of the importance of this in relation to monitoring medication. They should discuss concerns with the nurse and their concerns should be relayed to the Principal.

Individual medication should be stored in the locked cupboard in the medical room and in 'travel packs' in each department store cupboard safe medical box.

Valium/Midazolam packs have the child's name and instructions on individual use.

Minor Cuts & Bruises - First Aider

Wash with water and leave uncovered where possible. First aid boxes should contain all that is necessary. **Record in accident book, and inform parents/guardian if necessary.**

- see patient
- assess the situation
- decide on the best course of action and inform and consult with teacher
- record the decision in the **Accident Book** and/or child's file

- contact parents by phone and give the child a letter to go home
- inform the Principal
- arrange for children to go back to class
- go home to parents (contact by phone)
- get medical help as appropriate
- clean up spills that have occurred
- Diarrhoea and/or Vomiting

Sickness and Diarrhea

The child should stay away from school for 48 hours after the last episode of sickness or diarrhea, guidance is issued by the Health protection Agency (2010)

Signs of discomfort

When a child or adult with significant communication difficulties is referred to a Nurse/First Aider and when they are presenting in a way that is unusual to them and if there is no apparent sign of injury then a full body check should be performed by a member of the nursing team or first aider, at least one witness should be present.

Full body checks should be carried out by a nurse or a first aider, a record of the body check should be filed on CPOMS. Any injuries detected by the full body check should be dealt with appropriately.

Medication

Medication is stored appropriately by the school nursing team

However, when a child is on medication for a temporary period which has to be administered at home and at school such as antibiotics, we follow the procedure outlined below.

- ask parents to send the medication in the original labelled container from the chemist with the child's name on, the dose and the time when it is to be given
- ask that parents hand it to the escort, this should be then be stored in the 'transport pouch' and then handed to reception on arrival at school
- ask parents to send a written message for the Nurse. She will be the person responsible for storage/ administration

NOTE: a consent form will be sent home for signature for temporary medications or any changes to medication.

Medication for Respite Care

- parents should ensure that all medications are given to the Escort to put in the 'transport pouch'. They should **not** be put into the child's school bag
- parents should send written instructions with medication for administration when the child goes to Respite

Storage

- when not in use, drugs must be stored in a locked receptacle.
- drugs must be frequently monitored e.g. expiry date, stock levels. This is done by the nursing staff. Unless it is transport medication which is the responsibility of the parent/career to check for expiry date and protocols.

Administration

- drugs must be administered by a nurse, nursing assistant or school staff when children are going on whole day school trips
- when administering medicine the person will:
 - (a) be aware of its use and side effects.
 - (b) be able to justify any actions taken
 - (c) be accountable for actions taken.
- doctor or pharmacist should be consulted as appropriate if medicine on container is illegible, unclear, including dosage or route of administration. The medication will not be administered and it will be sent home for the necessary corrections to be made
- the expiry date on the container should be checked
- the route and time of medication to be given should be checked - be sure the medicine corresponds to the named pupil on the container and drug card

Gastrostomy feeds and flushes

Each child who has a gastrostomy feed has a personalised feeding regime provided by the dietician with adaptations to the timings provided by parents or careers. This feeding regime is given to the child via their individual feeding pump or giving set by a member of the nursing team or a trained member of school staff. Each child is also given a water flush using cool boiled water, which is stored in individually labelled water pots. Parents provide school with syringes and feeding tubes which are stored in labelled plastic boxes in the child's classroom.

In the event of a child's gastrostomy button coming out there are emergency gastro kits in all classrooms and toileting areas around school. All staff who are trained to administer gastro feeds have emergency training for the event of a button coming out. For children who have a mini or mickey button this kit can be used to keep the

button hole (stoma) open until a new button can be fitted. The new button will be fitted by the school nursing team, some children carry a spare button with them and other children's parents would be contacted to bring their spare button into school as soon as possible. For children who have a freka button the emergency gastro kit would be used to keep the stoma open and the child will be sent to hospital for surgery as a medical emergency.

Protocol for dealing with urgent medical incidents

- Call the nurses and inform them of the nature of medical emergency and location.

If no answer:

- Send a member of staff or ring the school office and inform the office staff of the medical emergency and location. The office staff will tannoy for a nurse to attend.
- Call staff trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help.

Whilst waiting for the nurses/First Aider arrival ensure that the student is comfortable and make the area safe. Ensure that staff who know the students best are given access to provide advice and guidance. On nurses arrival ensure that you give as much information as possible about the event.

Support the nurses/First Aider needs and provide assistance if necessary.

Staff should send for emergency epilepsy medication if needed/prescribed.

Make a mental note of events as the nurse will need as much information as possible. Also, ensure seizures are timed.