

# GLYNE GAP SCHOOL

## SCHOOL PROCEDURES NO 38.

### MEETING PUPIL'S MEDICAL / HEALTH NEEDS;

#### Introduction

In school we take a holistic approach to the education of all pupils, and are committed to meeting all their needs throughout the school day. For some this means special approaches to helping pupils behave so they can access their learning, for others it maybe special means to access communication systems and for others it is a matter of managing their health / medical needs ... so they too can access learning opportunities. It is the needs of this final group that this policy addresses

Many of our pupils now have a higher complexity of needs, and so we are increasingly finding ourselves having to carry out various medical procedures on a daily basis.

We require staff to be competent, and feel confident carrying out these necessary procedures, so the protocol in section 2 has been written to ensure that staff receive the appropriate training. It does not include details of the training itself. The training will be carried out both by agreed 'in-school' tutors, and members of the Children's Home Care Team.

A register will be kept as to which staff are trained in which area, and annual updates to the training will be given. 'In-school' tutors will have their training updated annually by the Home Care Team.

It is our aim that all members of a class team will be competent in all necessary procedures relating to pupils in their class, where possible. If a new member of staff joins a class team and requires training in certain procedures, this will be organised as soon as possible with the relevant people.

Section 1 covers procedures for managing prescription and non-prescription medicines (e.g. calpol, antibiotics, homeopathic medicines etc). DfES guidance now states;

*It is important to follow the procedures for managing medicines and to work together with families and Health Care Officials to ensure that the pupils requiring medicines receive the support they need.*

*It is a requirement that adequate policies and procedures are in place for managing medicines. Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records.*

The following is written to ensure we adhere to this guidance.

Updated March 2010

## **Section 1**

### **Procedures for managing prescription and non-prescription medicines (e.g. calpol, antibiotics, homeopathic medicines etc)**

- i ) For pupils requiring any medicines to be administered in school a medical form must be completed.
- ii ) Medicines sent in from home for pupils to take during the day should be carried by a responsible adult (i.e. escort) and handed to the class teacher on arrival at school
- iii ) All medicines should be in the container as originally dispensed with the, pupil's name, the name of the medicine and dosage instructions.
- iv ) All medicines to be kept in a child proof cupboard and a record chart must be completed when the medicines are administered. A few medicines need to be refrigerated. They can be kept in a clearly labelled airtight box in the refrigerator. There should be restricted access to any refrigerator holding medicines
- v ) It is the responsibility of the parent to inform the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. A new medical form must be completed by parents when changes arise
- vi ) The class teacher will alert the parent when fresh supplies are needed
- vii ) All medicines should be returned to the parent when no longer required in school to arrange safe disposal
- viii ) The medicines to be administered at lunchtime will be dispensed by the adult responsible for supervising or helping the pupil to eat. They will administer the medication at the appropriate time and complete the record chart
- ix ) If a child refuses medicine it should be noted on the record chart and reported to the parents on the same day. Staff should check the pupil's records for any further information needed. If refusal to take the medicine results in an emergency the schools emergency procedures should be followed
- x ) Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services

- xi ) Paracetamol may only be administered to secondary aged pupils, and liquid paracetamol to younger pupils only with parental consent
- xii ) All staff working with pupils with medical needs should be informed about the nature of the condition and when and where the pupil may need extra attention. Any member of staff who accepts responsibility for administering prescribed medicines to a pupil should have the appropriate training and guidance. They should be aware of the possible side effects of the medicines and what to do if they occur
- xiii ) All staff should be aware of the likelihood of an emergency arising and what action to take if it occurs
- xiv ) It is good practice to support and encourage pupils, who are able, to have autonomy to manage their own medicines. If pupils can take the medicine themselves, staff will need to supervise. The medicines should still be kept in a child proof cupboard for the safety of all the pupils at the school and the record chart completed

## **OUTINGS**

- i ) Medicines that may be needed on school outings should be carried by the class teacher or group leader. Staff should know what medicines they are carrying and who it is for and how to administer them
- ii ) A copy of any Health Care Plans /Medical record cards should be taken on visits in the event of the information being needed in an emergency
- iii ) Rectal Diazepam which may be required by a pupil during a school outing must be carried by the class teacher or group leader who will be responsible for administering it should the need arise

## **MANAGING SEIZURES**

- i ) If a pupil has epilepsy, details of how to deal with seizures for that pupil should be displayed on the class wall including the use of Rectal Diazepam/Buccal Medazolam
- ii ) Administration of Rectal Diazepam
  - Parents are asked to obtain their doctors written instructions concerning the management of their child's seizures (particularly the timing of medication to be administered) and to pass these on to school.

- Any adult trained (**see protocols below**) and willing to administer medication prescribed for a pupil who has seizures, should administer their medication (often Rectal Diazepam) as directed by the responsible physician.
- Any incident will be recorded and the parent informed by the class teacher as to the time, nature, duration and effect of the seizure
- Medication which may be required by a pupil during a school outing must be carried by the class teacher or group leader

## **MANAGEMENT OF NASO-GASTRIC TUBES**

- Always check that the NG tube is correctly positioned before administering anything via the tube.
- Do not ever use an NG tube if there is any doubt that it is correctly placed in the stomach.
- Stop an NG feed immediately if the pupil experiences difficulty in breathing, or develops cyanosis (goes blue).

**To check the position of the tube follow the procedure below:-**

- Connect a 50ml or 20ml syringe to the end of the NG tube, and withdraw the plunger gently until fluid appears in the syringe - only a very small amount of fluid is required (1ml). Disconnect the syringe and close off the end of the tube.
- Put contents of the syringe onto the test paper and observe for colour change **N.B.** Gaviscon can affect the PH.
- If no fluid is obtained, try changing the pupil's position (i.e. turn them onto their side) and try aspirating again.
- If still no fluid can be withdrawn, give the pupil 5ml water down the NG tube, wait 2-3 minutes and then aspirate the tube again.
- If it is still not possible to withdraw any fluid, **go no further with the procedure.** Telephone the community paediatric team, and leave them to resolve the problem.

### Further Information

- An NG tube must always be flushed with 20ml water before and after a feed.
- Whenever an NG tube is flushed, it should be done with cooled boiled, or sterile water - not tap water.

- 1-5ml syringes produce the highest pressure for a given force when injecting. Using a larger sized syringe reduces the pressure on the tube, thus minimising the risk of damage.
- If several medications need to be administered they should be given separately, and the tube flushed with 5ml water between medicines. When all medications have been administered, the tube should be flushed with 10ml water, to prevent blocking.

## **ATTENDING CLINICS**

For pupils attending any clinics/medicals held at school during the school day, parents will be informed of the date and time by the appropriate health/education department and encouraged to attend. If parents are unable to attend it is helpful for a member of the class team to accompany the pupil to the school medical if possible

The class teacher should inform the parents of any information about the pupil which may be relevant to the medical history or give direct input to the meeting if necessary or appropriate

## **ADDITIONAL HEALTH NEEDS**

- i ) Pupils with additional health needs will have an Individual Pupil Arrangement which will be accessible to staff to identify the level of support that is needed.
- ii ) Staff should be aware of all the pupils in their care with Individual Pupil Arrangements relating to medical/health needs and where they are kept
- iii ) Individual Pupil Arrangements should include instructions as to how to manage a pupil in an emergency, and identify who to contact in an emergency.

## Section 2

### **Procedures and training protocols for staff managing tracheotomies, gastrostomies, NG tubes, and rectal diazepam**

Where appropriate the procedures may be split into different levels (basic skill level; higher skill level) and staff will need to be trained in each level where necessary. When an aspect of training is successfully completed the relevant person will sign it off, and a record of this will be kept in the register (See attached record sheets). If a class team needs support at any time they will be able to call on any trained member of staff from the register.

The register of trained staff will be kept in **Skylarks**.

#### **Please note**

This protocol has been written in conjunction with the Paediatric Home Care Team, and agreed by the Paediatric Directorate of the East Sussex Hospitals Trust. It is updated every 3 years, or sooner if there is a major change to any procedure.

## **1 .THE MANAGEMENT OF GASTROSTOMY TUBES**

**Basic Skill Levels:** Administering a feed - gravity/setting up a pump, venting, hygiene

(To be carried out with agreed 'in-school' tutor)

### 1) Administering a feed:

- one theory session
- one observation of a gravity feed/pump being set up
- 3 practicals (talked through by tutor; commentate to tutor; independent, observed by tutor)

### 2) Venting:

- one observation of venting
- 3 practicals (talked through by tutor; commentate to tutor; independent, observed by tutor)

### 3) Hygiene:

- one theory session
- one practical session

**Higher Skill Level:** Changing/replacing a gastrostomy tube

(To be carried out by Children's Home Care Paediatric Nurses)

### 1) Changing/replacing a gastrostomy tube:

- one theory/practical session with models
- observation of a tube change

- 3 practicals, observed by tutor

**N.B. Changing a tube would not be a routine procedure in school, but would need to be carried out in an emergency.**

## **2. THE MANAGEMENT OF TRACHEOTOMY TUBES**

**Basic Skill Levels:** Suction, General Hygiene  
(To be carried out with 'in-school' tutor)

### 1) Suction:

- one taught session
- 3 practicals, observed by tutor

### 2) General Hygiene/clearing of secretions

- one observation/explanation
- 3 practicals, observed by tutor

**Higher Skill Level:** Changing a tracheotomy tube

(To be carried out by a member of the Children's Home Care Team)

### 1) Changing a tracheotomy tube:

- Theory session
- One observation of a change
- 1 practical - removal of tube
- 3 practicals - insertion of tube
- One practical with colleague - insertion of tube (observed by tutor)

**N.B. Changing a tube would not be a routine procedure in school, but would need to be carried out in an emergency.**

## **3. THE MANAGEMENT OF NG TUBES**

**Basic Skill Levels:** Aspirating the tube, administering a feed  
(To be carried out with an 'in-school' tutor)

### 1) Aspirating the tube

- basic theory
- one observation of an aspiration
- 3 practicals (talked through by tutor; commentate to tutor; independent, observed by tutor)

### 2) Administering a feed

- basic theory
- one observation of a feed

- 3 practicals (talked through by tutor; commentate to tutor; independent, observed by tutor)

**Higher Skill Level:** Passing an NG tube

If a pupil's tube becomes displaced/removed for any reason it would not be creating an emergency situation. We would therefore request it to be replaced by the Children's Home Care Team at the earliest possible time.

#### 4. ADMINISTERING RECTAL DIAZEPAM

**Basic Skill Level:** Administering rectal diazepam  
(To be carried out with 'in-school' tutor)

Administering rectal diazepam - theory session (video provided by Children's Home care team)

- knowledge of written directions for individual pupils

GLYNE GAP SCHOOL

Staff Training Record

The Management of Gastrostomy Tubes - Basic

Name: .....

Training Received (Insert date each section is completed)

#### Basic Level Skills:

- 1) Administering a feed:
  - a. one theory session .....
  - b. one observation of a gravity feed/pump being set up .....
  - c. 3 practicals - talked through by tutor .....  
commentate to tutor .....  
independent, observed by tutor .....
  
- 2) Venting:
  - a. one observation of venting .....
  - b. 3 practicals - talked through by tutor .....  
commentate to tutor .....  
independent, observed by tutor .....

3) Hygiene:

- a. one theory session .....
- b. one practical session .....

I confirm that.....has received the training detailed above and is competent to carry out the procedure

Signed..... Date.....

Position.....

GLYNE GAP SCHOOL

Staff Training Record

The Management of Gastrostomy Tubes - Higher Level

Name.....

Training Received (Insert date as each section is completed)

**Higher Level Skill:**

- 1) Changing/replacing a gastrostomy tube:
  - one theory/practical session with models .....
  - observation of a tube change .....
  - 3 practicals, observed by tutor ..... .....

I confirm that .....has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed..... Date.....

GLYNE GAP SCHOOL

Staff Training Record

The Management of Tracheotomy Tubes - Basic

Name.....

Training Received (Insert date as each section is completed)

**Basic Skill Levels:**

1) Suction:

- a. one taught session .....
- b. 3 practicals, observed by tutor ..... .....

2) General Hygiene/clearing of secretions

- a. one observation/explanation .....
- b. 3 practicals, observed by tutor ..... .....

I confirm that .....has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed..... Date.....

Staff Training Record

The Management of Tracheotomy Tubes - Higher Level

Name.....

Training Received (Insert date as each section is completed)

**Higher Skill Levels:**

1) Changing a tracheotomy tube:

- Theory session .....
- One observation of a change .....
- 1 practical - removal of tube .....
- 3 practicals - insertion of tube ..... .....
- One practical with colleague - insertion of tube (observed by tutor)  
.....

I confirm that .....has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed..... Date.....

GLYNE GAP SCHOOL

Staff Training Record

The Management of NG Tubes - Basic

Name.....

Training Received (Insert date as each section is completed)

**Basic Skill Level:**

1) Aspirating the tube

- a. basic theory .....
- b. one observation of an aspiration .....
- c. 3 practicals - talked through by tutor .....  
commentate to tutor .....  
independent, observed by tutor .....

2) Administering a feed

- a. basic theory .....
- b. one observation of a feed .....
- c. 3 practicals - talked through by tutor .....  
commentate to tutor .....  
independent, observed by tutor .....

I confirm that .....has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed..... Date.....

GLYNE GAP SCHOOL

Staff Training Record

Administering Rectal Diazepam - Basic

Name.....

Training Received (Insert date as each section is completed)

**Basic Skill Level:**

- 1) Administering rectal diazepam
  - Theory session (video provided by Children's Home care team) .....
  - Knowledge of written directions for individual pupils .....

I confirm that .....has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed..... Date.....



**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED AND NON PRESCRIBED MEDICINES**

Name of Pupil .....

Date of Birth ..... Class .....

Name of Medicine required in school	Dosage	Additional instructions and/or information

Does your child take this medicine themselves? YES/NO (delete as appropriate)

**Non-prescribed medicines**

On rare occasions it may be necessary for a pupil to be given '*occasional medication*' in school - for example paracetamol / aspirin. This medicine will need to have been previously sent in to school by you, for such circumstances (we are strictly forbidden to give out our "own" medication in any circumstances). If such an occasion arises a member of staff will contact you for your permission and guidance regarding the dosage.

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN**

I understand that:-

- I must notify the school of any changes to the above instructions for administration of medicine.
- I will be asked to complete a new agreement form each time my child changes classes or medication changes.
- If my child is prescribed an emergency medication - for example Rectal Diazepam - I must provide the school with written guidelines from my child's GP regarding how and when it is to be used.

SIGNED ..... DATE .....

Please print your name .....

## Medical Procedures - Protocol

### APPENDIX 1 (Added March 2008)

More pupils are now being prescribed Buccal Medazilam for emergency use when having a seizure. This is a much more dignified way to assist a pupil as it is administered orally.

#### Administering Buccal Medazilam

**Basic Skill Level:** Administering Buccal medazilam  
(To be carried out with 'in-school' tutor)

- 1) Administering Buccal medazilam
  - theory session (explanation by in-school tutor re storage, dosage, administration, etc.)
  - knowledge of written directions for individual pupils
  - observation of medication being administered

GLYNE GAP SCHOOL

Staff Training Record

Administering Buccal Medazilam - Basic

Name.....

Training Received (Insert date as each section is completed)

**Basic Skill Level:**

1) Administering buccal medazilam

- theory session (provided by in-school tutor) .....
- knowledge of written directions for individual pupils .....
- observation of medication being administered.....

I confirm that .....has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed..... Date.....

GLYNE GAP SCHOOL

Medical Procedures - Protocol

APPENDIX 2 (Added May 2008)

The Management of Colostomy Bags

**Basic Skill level:** Changing the bag  
Stoma Hygiene

1) Changing the bag

- one observation of a bag change
- 1 practical, observed by trainer

2) Stoma hygiene

- basic theory
- one observation of cleansing routine
- 1 practical, observed by trainer

GLYNE GAP SCHOOL

Staff Training Record

The Management of Colostomy Bags

Name.....

Training Received (Insert date as each session is completed)

**Basic Skill Level:**

1) Changing the bag

- One observation of a bag change.....
- One practical, observed by a trainer.....

2) Stoma Hygiene

- Basic theory.....
- One observation of cleansing routine.....
- One practical, observed by trainer.....

I confirm that..... Has received the training outlined above and is competent to carry out the procedure

Signed..... Date.....

Position.....

I confirm that I have received the training outlined above.

Signed.....Date.....