

HOLIDAY CLUBS MEDICATION POLICY

We understand that many of the children accessing our clubs have complex and sometimes severe special needs/disabilities and health complications. To support their needs these children may require medicine to be administered during the hours of the club. We will ensure children's welfare is managed and staff administer medicine confidently and accurately. We will promote the good health of our children and take necessary steps to prevent the spread of infection and take the appropriate action when children are ill.

The School places no compulsion on staff to administer medication but would expect that with adequate training and suitable support and guidance they would feel confident enough to administer medicine. Only those staff who are happy and confident to do so will be asked to give medication to children and this will always be the Playleader/Deputy (with First Aid Training) or the First Aider.

Where medicine requires specific administration or complex directions, staff will always be given training to understand how to administer the medicine correctly. Procedures for administering medicine should be followed as per below:

Medication

- The Playleader/Deputy/First Aider are responsible for administration and/or overseeing the administration of medicine.
- When possible, children who are prescribed medication should receive their doses at home.
- Staff may only administer medication to a child if it is prescribed by a GP and if the request to do so is from the child's parent/carer and is given in writing. An Administering Medication Form should be completed, clearly stating frequency and dosage.
- All medicine administered should be recorded in the child's Daily Register and in the Medication Log.
- Staff have the right to decline a request if they are in any way uncomfortable with it. If technical knowledge or training is required two members of staff will be trained by the beginning of the scheme by the child's parent/carer, G.P, health visitor or school nurse.
- Medicine should be stored in a locked container and the key should be held by the Playleader/Deputy. If a child needs emergency medication for life threatening situations, the medicine should be stored on the child's Key Person, preferably in a zipped bag and never taken off or left lying around.
- Medicine needed for each child should be notified during the staff meeting in the morning, so that all staff are aware.
- Any medicine administered incorrectly or missed should be recorded in the Drug Error form.

Errors in drug administration

An error is deemed to have been made if one or more of the following circumstances apply:

- a) Giving the wrong drug to the wrong child
- b) Failing to administer a prescribed drug
- c) Administering a drug at the wrong time
- d) Failing to administer all the drugs required at the time
- e) Giving a dose via an incorrect route i.e. eye drops into the ear
- f) Giving a drug in a different form from that specified
- g) Giving the wrong dose of the correct drug i.e. over dosage or under dosage.

Staff have a clear responsibility to report any errors in drug administration in accordance with this policy. In the event of making an error it is far safer to admit it for the health and well being of the child. Support will be given to the member of staff making the error with regard to future drug administration.

When a drug administration error occurs the procedure detailed below must be followed.

1. Notify the child's parent/guardian and GP
2. Observation of the child for any signs and symptoms
3. Drug error form to be completed and the Playleader notified.

The Procedure for Administering Medication at the Club as follows:

Medication will never be given without the prior written request of the parent/carer, including frequency, dosage, any potential side effects and any other pertinent information.

The designated member of staff will be responsible for ensuring that:

- Prior consent is arranged.
- All necessary details are recorded.
- The medication is properly labelled and safely stored during the session.
- Another member of staff acts as a witness to ensure that the correct dosage is given.
- Parent/carers sign in the Medication Record Book to acknowledge that the medication has been given.

Staff will not administer 'over the counter' medication, only that prescribed by the child's GP.

If there is any change in the type or dosage of medication, then a new Administering Medication Form must be completed.

Full details of all medication administered at the club, along with all Administering Medication Forms, will be recorded and stored in the Medication Record Book.

In all cases

1. The parent/guardian of each child must provide details of any known allergy to medication suffered by their child. Such details are to be recorded the parent/carer in the Passport to Play and consulted before any emergency administration of drugs or medicines.
2. For the administration of non-prescribed drugs or medicines, prescribed oral medication or asthma inhalers the Playleader must have a letter of authorisation from the child's parent/guardian containing clear instructions for the administration of the medication, which should also be recorded in the medicine file.
3. In cases where occasional emergency medication other than non-prescribed drugs or medicines, prescribed oral medication or asthma inhalers is required (such as epipens or hypodermic injections) the leader must have a letter of authorisation from the child's parent/guardian and ask them to complete the medicine file.

Administering Medicine for Epileptic Seizures

Staff will be trained to administer this before children arrive at the setting. Staff will be trained by the child's parent/carer, school nurse or professional training during training days. Only designated First Aiders should administer this.

Administration of Rectal Diazepam and Buccal Midazolam

(Taken from Worcestershire Acute Hospital NHS Intranet 21/03/2006)

- Diazepam and Midazolam should be stored at room temperature, not in a fridge and stored in the locked medicine box whilst at each setting.
- Diazepam comes in tubes ready for administration in doses of 2.5mg; 5mg or 10mg. Please refer to each child's Epilepsy File for their dosage.
- Please check the expiry date on both medicines to ensure it is in date.
- Gloves and tissues should be stored with the medicine in the box and where necessary, an Epilepsy Shield should be available for discretion when administering.
- The parent/carer will have detailed in the child's Epilepsy File when rectal Diazepam or Buccal Midazolam should be administered. You must administer it as directed.
- For guidelines on administering Diazepam or Midazolam, please read 36 (b) Epilepsy Procedure.

In the Event of a Generalised Seizure

[During generalised seizures consciousness is lost. The seizures include major convulsive episodes with jerking of all limbs and unconsciousness (tonic clonic seizures); seizures when the body goes stiff (tonic)

or floppy (atonic); jerks of the limbs (myoclonic jerks) and momentary lapses of consciousness (absences).]

The Key Person must stay with the child and call immediately for another staff member to support them. The Key Person must note the time of the fit and proceed with the following:

- Protect the child from injury - (remove harmful objects from nearby)
- Cushion their head (cushions should be by the First Aid Box and another staff member can retrieve these for the key person)
- Ask another member of staff to move the other children to give some privacy and so not to scare other children (something should be used as an Epilepsy Shield and kept by the First Aid Box)
- Ensure one member of staff has called for an ambulance and called for the designated First Aider
- Help the child to breathe properly by gently placing them in the recovery position once the seizure has finished
- Be calmly reassuring
- Contact the child's parent/carer

The First Aider must administer medicine as required in the child's Epilepsy Management File.

The time of the fit should be noted immediately for medicine purposes and continued to be recorded until the ambulance arrive.

Remember, **Don't:**

- Restrain the child
- Put anything in the child's mouth
- Try to move the child unless they are in danger.
- Give the child anything to eat or drink until they are fully recovered
- Attempt to bring the child round.

The other members of staff need to be aware that this can be a frightening time for other children so they need to distract and reassure the other children at the setting, and where possible move them to a different area.

In the Event of a Partial Seizure

[In partial (or focal) seizures the disturbance of brain activity starts in, or involves, a specific part of the brain. Partial seizures may be simple or complex. Consciousness is not lost in a simple partial seizure, but is impaired in a complex partial seizure. Absences are a common partial seizure.]

The Key Person must stay with the child and call immediately for another staff member to support them.

The Key Person must note the time of the fit and proceed with the following:

- Protect the child from injury - (remove harmful objects from nearby)
- Cushion their head if needed (cushions are by the First Aid Box and another staff member can retrieve these for the key worker)
- Ask another member of staff to move the other children to give some privacy and so not to scare other children (the Epilepsy Shield should be by the First Aid Box)
- Make sure one member of staff has called for the designated First Aider
- Help the child to breathe properly by gently placing them in the recovery position once the seizure has finished if needed
- Be calmly reassuring

The First Aider must administer medicine as required in the child's Epilepsy Management File. They must also ring for the parents. Some children must return home after an absence to recover so the First Aider must follow the directions written in the child's Epilepsy Management File.

The time of the absence and the type must be noted down in the Incident book for the parent to be informed at the end of the day. If at any time during a partial seizure, the staff are unhappy about the child's condition, they must call for an Ambulance.

Remember, **Don't:**

- Restrain the child
- Put anything in the child's mouth
- Try to move the child unless they are in danger.
- Give the child anything to eat or drink until they are fully recovered

Other members of staff need to be aware that this can be a frightening time for other children so they need to distract and reassure the other children at the club, and where possible move them to a different area. Another staff member needs to wait to direct the ambulance to the child.

Administration of Rectal Diazepam

(Taken from Worcestershire Acute Hospital NHS Intranet 21/03/2006)

In the event that Rectal Diazepam should be administered, please follow this method:

(N.B An ambulance should be called for all Epilepsy Seizures, unless previous written instruction is given by the parent/carers saying it is not needed. If written instruction is given, the Playleader should call for an ambulance anyway, at any point, if they are unhappy about the child's health.)

1. Check:
 - You have the correct drug for the child
 - The drug has been prescribed and detailed in their Epilepsy File
 - The drug is in date
 - The correct dose is available
 - The correct route of administration
 - The correct time it is supposed to be administered
 - You have a second person to support and witness
2. Note the time the seizure started
3. Put on gloves
4. Remove the cap of the Rectal Diazepam by turning the cap carefully 2-3 times without pulling
5. Maintain the child's dignity and privacy and explain the procedure to the child throughout
6. If possible the child should be laid on a flat surface on their side with their legs curled up (foetal position). If this is not possible, put the patient on the stomach or side with a cushion under their hip.
7. If needed and given by the parent/carer, lubricate the tip with a small amount of water-soluble jelly i.e. aqua Gel.
8. Gently insert the nozzle facing downwards at 45 degrees to the anus. Do not attempt to force the nozzle into the anus if resistance is felt. Call 999 instead.
9. Squeeze the contents of the tube into the anus by pressing tube with thumb and forefinger.
10. Keep pressing the tube whilst withdrawing the tube from the anus, holding the child's buttocks together for a minute to prevent leakage of the Diazepam.
11. Note the time this was administered.
12. Wipe excess leakage with tissues
13. Monitor child for side effects
14. As soon as the seizure is under control, place the child in recovery position if possible. If you cannot, ensure the child is comfortable where the airway is clear and any fluid i.e. vomit, can drain out of the mouth.

Note: Unless previous written instruction is given, the ambulance should have been called and will be on its way. Get someone to wait outside to direct them into the building.

Note: Keep the medicine to show the ambulance. The child's Key Person should accompany the child to hospital if the ambulance crew decide the child must go. A copy of the child's information forms should be taken to the ambulance, as well as the consent forms. The child's parent/carer should be informed to collect the child from hospital to relieve the key worker so they can return to the setting.

Administration of Buccal Midazolam (Epistat)

(Taken from Worcestershire Acute Hospital NHS Intranet 21/03/2006)

In the event that Buccal Midazolam should be administered, please follow this method:

(N.B An ambulance should be called for all Epilepsy Seizures, unless previous written instruction is given by the parent/carers saying it is not needed. If written instruction is given, the Playleader should call for an ambulance anyway, at any point, if they are unhappy about the child's health.)

1. Check the details in each child's Epilepsy File for the time to administer Midazolam.
2. Hold the bottle upright and remove the child resistant cap.

3. Push the plunger of the empty one ml oral dispenser completely down towards its tip. (A 2 ml syringe may be easier, you have more control. The training from parent/carer, school nurse etc will show you this.
4. Insert the tip of the oral dispenser into the hole of the white plastic bottle adaptor.
5. Hold the bottle and oral dispenser securely and turn the bottle upside down.
6. Pull the plunger down until the oral dispenser contains the amount of ml needed as detailed in the child's Epilepsy File.
7. Turn the bottle upright and remove the oral dispenser from the bottle.
8. Check that the oral dispenser contains the right amount of medication and that the liquid is clear.
9. Explain to the child what is going to happen.
10. Open the child's lips, place the end of the dispenser between the gum and cheek one side and slowly drip half of the Midazolam solution into the Buccal area of the mouth (between the cheek and the gum of the lower jaw either side of the back teeth). Then repeat with the remaining Midazolam on the other side. If your child's teeth are clenched, they do not need to be parted.
11. If a small amount of the Midazolam is swallowed, this is not a problem. Screw the child resistant cap back onto the bottle **immediately, this is important as the fluid can evaporate.**
12. Put the bottle back into the carton, store upright.

Note: Unless previous written instruction is given, the ambulance should have been called and will be on its way. Get someone to wait outside to direct them into the building.

Note: Keep the medicine to show the ambulance. The child's keyworker should accompany the child to hospital if the ambulance crew decide the child must go. A copy of the child's information forms should be taken to the ambulance, as well as the consent forms. The child's parent/carer should be informed to collect the child from hospital to relieve the key worker so they can return to the setting.

When giving other medication please note that crushing tablets or opening capsules to make drugs easier to swallow is potentially lethal. Some medicines are meant to be slow releasing and should not be crushed. (www.druginfozone.nhs.uk)

Medicine should be stored in a locked non-portable container (except medicine that must be stored in a fridge) and only the named 2 First Aiders should have access.