ORCHYD MEDICAL POLICIES

CONTENTS

1. Allergies/Anaphylaxis
5. Asthma
8. Enteral Feeding
10. Epilepsy (including the administration of emergency rescue medication)
14. Infection control
17. Medication management
21. Appendicies

Original authors: K. Coleman & N. Wilcox

Reviewed and updated July 2025 by D. Parish

Introduction

ORCHYD is an inclusive community that aims to support and welcome children with complex medical conditions.
It is important for ORCHYD to have Medical policy so that all children with medical needs can be given the same opportunities to achieve their full potential and enjoy the same level of participation as their peers.

ORCHYD understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

ORCHYD will ensure volunteers understand the medical conditions and relevant staff are trained to respond in the event an emergency.

ORCHYD has clear guidance about record keeping including the recording of all the medical details of children with medical conditions and keeping parents updated with any issues it feels may affect their child.

ORCHYD will ensure that our residential holidays and day trips are inclusive and favourable to children with medical conditions. ORCHYD believes that every child with medical conditions has a right to participate fully in ORCHYD activities.

ALLERGIES/ ANAPHYLAXIS

Prior to the holiday, the Lead HCP will meet with the catering team to identify any children with specific allergies. A food placement mat will be devised by the catering team highlighting any specific allergies to ensure these foods are not given to the child. All relevant staff will be advised of children allergies.

ORCHYD is aware of the common triggers for anaphylaxis. ORCHYD will actively work towards reducing or eliminating these health and safety risks.

ORCHYD will work together with children, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained.

The allergy/anaphylaxis policy will be regularly reviewed, evaluated and updated.

Please also refer to the Medication Management section of this document.

TRAINING

If required a list of ORCHYD Staff members requiring anaphylaxis and auto-injector training will be identified by the Lead HCP.

It is acknowledged that a number of ORCHYD Healthcare Professionals and some other staffing groups (e.g. Teachers or Teaching Assistants), will have anaphylaxis and auto-injector training during their normal employment. A list of these team members along with the details of the training will be kept by the Lead HCP. These staff will not require additional training if the training they have received meets the standards set below but it must have been attended in the last 12 months.

Additional training will also be arranged by the Lead HCP and delivered on the training day prior to the holiday if required.

Standards for training, the followed areas should be covered:

- Understanding of common triggers, allergy avoidance and risk assessment involving activities.
- Ability to recognise the symptoms of anaphylaxis, identify that it is life-threatening and act appropriately.
- Knowledge of following healthcare plans, including when to administer medication, when to call for help/dial an ambulance and post administration care including use of inhaler if indicated.
- Understanding of record keeping including medication administration and safe disposal of sharps.
- Practice with placebos/training devices to enable confidence with medication.

Medication and Treatments

ADRENALINE AUTO-INJECTOR

Every child who is at risk of anaphylaxis should be prescribed at least two adrenaline auto-injectors. The child may be prescribed one of three different brands of adrenaline auto-injector devices, either the EpiPen, Emerade or Jext.

WHEN TO ADMINISTER ADRENALINE

Follow directions from the child's doctor and/or the nurse as to when adrenaline should be given. A copy of the child's individual emergency care plan or hospital/doctor letter must be provided to ORCHYD prior to the holiday or on check in day.

However, if the child is having any of the following symptoms then these are signs of a serious allergic reaction and adrenaline should be given without delay:

- difficulty in breathing or swallowing
- weakness or floppiness
- steady deterioration
- collapse or unconsciousness.

Once the injection is given, signs of improvement should be seen fairly rapidly. If there is no improvement or symptoms are getting worse a second injection, if available, may be administered after 5–10 minutes.

If adrenaline has been given, an ambulance must be called and the child taken to hospital.

HOW TO ADMINISTER INTRA-MUSCULAR ADRENALINE

Adrenaline Auto-Injectors (AAI) should only be administered by members of the HCP team or other volunteers who have received training from a healthcare professional. This training must be within the last 12 months. A list of trained staff will be kept by the Lead HCP. If required, further training will be provided by the lead HCP prior to the holiday.

Because of the emergency nature of this condition, adrenaline should be carried by the helper assigned to that child each day. This helper must have received training in administering adrenaline injectors.

Auto- injectors are pre-measured and contain a single dose. After use the injector should be made safe by placing in a rigid container and then handed to the paramedic or ambulance crew to be taken with the child to the hospital, both for their information and safe disposal.

When symptoms are those of anaphylactic shock the position of the child is very important because anaphylactic shock involves a fall in blood pressure.

- If the child is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

If adrenaline is given but the child is not having an allergic reaction there should be no serious side effects, but their heartbeat could increase and they may have palpitations for a few minutes. However, it is still advisable to take the child to hospital for observation.

Children at risk of anaphylaxis should be prescribed at least two adrenaline injectors to keep near them at all times.

Parents must ensure that at least two injectors are bought to ORCHYD with the child and must check that they have not expired.

Adrenaline injectors will be listed on child's medication chart as per medication section of this document.

Adrenaline injectors should always be accessible – never in a locked room or cupboard. They should always be with the child, the 1:1 may need to carry them, and this person should stay with the child at all times or give the AAI to the next trained person when swapping.

Store injectors at room temperature.

ANTI-HISTAMINES

Some children with severe allergies will be prescribed anti-histamines for use to relieve mild symptoms or as part of their emergency procedure for a severe reaction, or both. If they do need them they will come in either liquid or tablet form.

Directions on when to give anti-histamines should be taken from the child's doctor but be aware that directions may vary from one child to another. If anti-histamines are prescribed as part of the emergency procedure they should be kept together with the child's adrenaline.

INHALERS

Children may also have inhalers to relieve asthma symptoms bought on during an anaphylactic reaction. For administration of inhalers please refer to ORCHYD's Management of Asthma section of this document. In an acute episode requiring adrenalin – the AAI should be given first followed by the inhaler.

OTHER RESOURCES

The Anaphylaxis Campaign www.anaphylaxis.org.uk

ASTHMA

Asthma is viewed as a part of a young person's medical needs and young people with asthma must not be unnecessarily excluded from any activity or event at ORCHYD.

Specific volunteers who come into contact with children and young people with asthma will be identified by the Lead HCP. Additional training will be offered in order to know what to do in the event of an asthma attack. Minor asthma attacks should not interrupt a young person's involvement in the day or for activities planned in the evenings. There may be activities that a young person cannot join but this will be known and agreed with parents.

Parents are required to provide ORCHYD with one reliever inhaler and are responsible for ensuring they are not out of date.
The ORCHYD's policies support volunteers in administering medication for asthma.

The HCP will discuss the young person's individual management plan with parents including the usual triggers. Completing Appendix 2 if needed.

PROCEDURES FOR CHILDREN WITH ASTHMA

Medication for asthma:

- Relievers
  These usually come in blue-coloured inhalers and must be used with the spacer device. A young person should be assisted take his/her reliever as soon as symptoms of an asthma attack appear. Immediate access to the prescribed inhaler is vital. An inhaler will be kept with the young person at all times. It will be stored in the medication cupboard while the young person is in the hall or on the back of their chair/with their helper if they are away from the hall.

  Instruction as to when the reliever should be used will be available from the Lead HCP/HCP on shift.

- Preventers
  These are usually brown in colour (but could also be beige, orange, red or white) and are used to protect the lining of the airways and reduce the risk of asthma 'attacks' and these are usually given in the morning and evening and will therefore not be required on outings.

ORCHYD will have a medication consent form for any child with medication for the prevention of Asthma. Procedures for the administration of medication must be

followed and the administration of the inhaler will be recorded on the medication record form.

Parents will be informed at the end of the holiday if their child has required their inhalers, unless a severe attack occurs requiring medical intervention. In this case the parents should be contacted by the Lead HCP, an experienced helper or member of the committee as soon as possible.

Emergency procedures

1. Keep calm

2. Encourage the child to sit up and slightly forward – do not hug them or lie them down. Ensure tight clothing is loosened

3. Helper with young person will administer reliever inhaler (usually blue) immediately – preferably through a spacer

4. Reassure the child and call for the HCP on duty or a First Aider when an inhaler has been administered.

5. If no or minimal effect give up to 10 puffs (every 30-60 seconds) of reliever via spacer device.

6. Call for an ambulance if:
    - the reliever has little or no effect and the child's symptoms do not improve in 5–10 minutes
    - the child is too breathless or exhausted to talk
    - the child's lips are blue
    - you have any doubts whatsoever about the young person's condition.

7. Continue to administer the reliever/inhaler via the spacer device, one puff per minute, until the ambulance arrives.

Reliever medicine is very safe. During an asthma attack do not worry about a child overdosing

Never hesitate to call 999 for an ambulance if you are concerned – do this before you call a member of staff if necessary.

<u>OTHER SOURCES OF INFORMATION</u>

ORCHYD Medical Policies 2025 updated and reviewed by D. Parish

Asthma UK
http://www.asthma.org.uk/

Asthma UK Adviceline
Ask for help and advice from an asthma nurse specialist
08457 01 02 03, 9am – 5pm, Monday – Friday

ENTERAL FEEDING

Prior to the holiday, the Lead HCP will meet with the catering team to identify any children requiring enteral feeding, to identify which children are nil by mouth, which children can have “tastes” or any other oral feeding requirements (e.g. require thickener, certain textures). A food placement mat will be devised by the catering team highlighting any specific needs. All relevant staff will be advised of the children’s individual feeding needs. A copy of a Speech and Language feeding report maybe required.

A safe and hygienic environment is maintained at all times, ensuring the safety and welfare of both children and staff. ORCHYD’s procedures must be followed at all times when dealing with a gastrostomy in order to minimise the risk of infection.

PROCEDURE FOR ADMINISTERING AN ENTERAL FEED, MEDICATION OR WATER VIA A GASTROSTOMY OR TRANSGASTRIC JEJUNOSTOMY.

NB Only single checking is required for enteral feeding. A list of trained staff able to administer feeds is kept by the Lead HCP.

Routine care

Prior to the holiday or on check-in, details of the care requirements of the Gastrostomy will be discussed with the parents e.g. for low profile gastrostomies the water in the balloon should be checked and changed weekly, PEG tubes need to be cleaned and rotated. The care needs will be documented in the child’s individual care record.

Wash extension set and syringe with warm soapy water until bung is clear. Rinse thoroughly and air dry. Store in named child's container.

Dealing with Problems

1. **Problem**	2. **Action**
Gastrostomy/ Jejuno gastrostomy site red / infection	Keep stoma clean and dry. Redness, swelling, pus and or tenderness are all signs of infection. Inform HCP.
Blocked tube	If blocked do not attempt to feed. To prevent blockage ensure tube is flushed before and after feed.
Tube falls out - this requires immediate action	Cover with dressing/gauze. Contact HCP or someone trained in re-insertion.
Leakage from tube or around stoma	Stop feed, inform HCP for advice.
Vomiting / retching	Stop feed, inform HCP.

Additional Information

- All children with low profile gastrostomy buttons are to supply a spare for the holiday unless agreed with the Lead HCP.
- An En-plug is also available in the emergency gastrostomy pack, which should be used in event that child does not have own tube available.
- Consent for enteral feeding is obtained from parents and recorded on the record of administration of feed or medication form.
- Additional water should be given to children in hot weather. Please discuss with HCP.
- If a child has very loose stools post feed inform HCP for advice.
- Enteral feeding may be carried out by HCPs who are trained and competent/confident to do so. Alternatively volunteers who carry out this as part of their normal employment or have been assessed as competent by a trained HCP, may also administer enteral feeds. Appendix 4 should be completed if training is carried out during the holiday.

- The Lead HCP or other trained HCP will provide training guidance for other HCPs and appropriate volunteers. Where necessary a competency assessment will be carried out by the Lead/Deputy HCP (Appendix 4).

If a tube becomes blocked or dislodged this should be discussed with Lead HCP or HCP on duty. Staff who are competent to change or replace gastrostomy tubes will be identified by ORCHYD and a list is kept by the Lead HCP. The tube position must be checked using Ph paper before it is used for feeding/medications. If no suitably trained member of staff is available, or unable to be replaced the tube - if possible an EN-fit plug should be inserted, the child and replacement tube will be taken to the closest A&E to have their tube replaced.

EPILEPSY (INCLUDING THE ADMINSTRATION OF EMERGENCY RESCUE MEDICATION)

ORCHYD staff may be required to administer emergency rescue medication (Buccal Midazolam, Rectal Diazepam or Rectal Paraldehyde) to children with Epilepsy. ORCHYD will ensure the appropriate staff receive training to do so.

These may also include keeping seizure diaries.

SAFETY ISSUES

In order to keep children safe whilst enjoying our residential holidays or day trips, ORCHYD recognise that children with Epilepsy can be more at risk during some activities. To minimise this risk, ORCHYD recognises that all children with Epilepsy have an individual presentation of this condition. We will actively seek information about each child's medical needs (including Epilepsy) in order to meet their needs. All children with a diagnosis of Epilepsy will be identified to the adult carer looking after them and further advice will be given as appropriate as to any restriction or further support required during any activities, the carer will also be issued with a radio to enable them to quickly summon help or given the HCP phone number to ring.

TRAINING

A list of ORCHYD Staff members requiring training on the administration of emergency rescue medication will be identified by the Lead HCP.

It is acknowledged that a number of ORCHYD Healthcare Professionals and some other staffing groups (e.g. Teachers or Teaching Assistants), will have had Buccal

Midazolam and more rarely Rectal Diazepam and/or Rectal Paraldehyde training during their normal employment. A list of these team members along with the details of the training will be kept by the Lead HCP. These staff will not require additional training if the training they have received meets the standards set below but it must have been attended in the last 12 months.

Additional training will also be arranged by the Lead HCP and delivered prior to the holiday, any HCP who cannot attend this training will be given training or detail when they have had training (must be within 12 months). Training will be updated annually and a record of staff attendance will be kept. As it is very rare for children to be prescribed Rectal Diazepam or Rectal Paraldehyde for the management of prolonged seizures, the training session will only cover Buccal Midazolam unless there is a clinical need to include other rescue medication (i.e. a child attending the holiday has been prescribed Rectal Diazepam or Paraldehyde).

The training delivered (either through ORCHYD or through staff members workplaces) should include Epilepsy Awareness and Buccal Midazolam administration training. The followed areas should be covered in the training:

- Basic knowledge of seizures types (focal and generalised), status epilepticus and the first aid/management required in the event of a seizure.
- Understanding of triggers and risk assessment involving activities.
- Knowledge of following healthcare plans, including when to administer medication, when to call for help/ dial an ambulance and post administration care.
- Understanding of record keeping including medication administration and seizure recording.
- Practice with placebos/training equipment to enable confidence with medication if required.

It is further recommended that staff administering rescue medication should undertake Basic Life Support training from an appropriately qualified source.

Individual Health Care Plans

Every child who may require emergency rescue medication to be administered will have an Individual Healthcare Plan, if they do not have a hospital/school care plan then ORHCYD's can be completed (Appendix 5)

Usually the child's individual healthcare plans from other agencies (such as school) will be used by ORCHYD as long as they have sufficient information on them and have been reviewed within a year of the start of any residential holiday or day trip.

In the event of the child's individual healthcare plan not being available, or inadequate an ORCHYD individual healthcare plan will be written in conjunction with parents and prescribing doctor (residential holidays only). It should be signed by

prescribing doctor, parent/guardian and Lead HCP or booking-in HCP. A copy of the child's individual healthcare plan should be kept with the medication at all times, with an additional copy kept in the ORCHYD health information folder. The care plan will only be valid for the duration of the residential holiday.

BUCCAL MIDAZOLAM

Controlled Drug Status

From the 1st January 2008 Buccal Midazolam became a schedule three controlled drug. However, the law for this Schedule 3 drug does NOT require safe custody i.e. locked cupboard, nor the need to keep a midazolam controlled drug register. This policy should be viewed in conjunction with ORCHYD's medicines section especially looking at sections on: - controlled drugs, administration, storage and incident reporting and risk management.

Storage of Buccal Midazolam

- Must be kept in a safe place and out of reach of children. For safety reason medication will be stored in the drug cupboard/trolley when the children are resident. But will be carried by the HCP team/trained volunteer on trips.
- Store at room temperature, out of direct sunlight and away from heat. Do not store in fridge.
- Midazolam which has expired must be returned to child's family to return to chemist. It must not be thrown or flushed away.
- Medication should be stored alongside child's individual care plan.

Parents/guardians should be notified at the earliest opportunity.
Individual care plan may advise giving second dose if no effect is apparent after 10 minutes. However due to the increased risk of side-effects ORCHYD advise to call ambulance and leave decision to paramedics/ hospital staff.

Suspected Overdose

An extreme overdose may lead to respiratory depression/arrest or coma (unrousable unconsciousness)

WHEN TO CALL 999

If child has any undesirable side effects (difficulty breathing, blue tinge to extremities or lips) or possibility of overdose

If prescribed dose fails to control seizure

If the child may have received significant injuries as a result of falling

If for any reason you are unable to administer medication

As a precautionary measure if you have any other concerns during or after seizure

RECTAL DIAZEPAM

Storage of Rectal Diazepam

- Keep out of the reach and sight of children. For safety reason medication will be stored in locked receptacle when in the hall.
- Do not store above 25°C.
- Do not use rectal tubes after the expiry date.
- Any out of date medication should be returned to the family to return to pharmacy for disposable

Appropriate Witness

Preferably at least one of people (either witness or person administering) should be same sex as person receiving medication. Where this is not possible it would be advisable for a helper of the same sex to be present when medication is administered.

INFECTION CONTROL

ORCHYD understands that day trips and residential holidays are common sites for transmission of infections and that children attending ORCHYD are particularly susceptible because:

- they have an immature immune system.
- have close contact with other children.
- sometimes have no or incomplete vaccinations.
- have a poor understanding of hygiene practices.
- have an underlying medical condition which makes them more at risk from certain infections.
- require intimate care that requires them to have close contact with adults providing their care.

- Immunisation of children and volunteers
  - good hand-washing
  - making sure the environment is kept clean.

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

GENERAL PREVENTION AND CONTROL

Hand washing is one of the most important ways of controlling the spread of infections. Liquid soap, warm water and paper towels are recommended. Alcohol hand sanitisers can be used where hand washing is not available.

- All children and volunteers advised to wash their hands after using the toilet, after using or disposing of a tissue, before eating or handling food and after touching animals.
- Cover all cuts and abrasions with a dressing.
- Cover nose and mouth when coughing or sneezing with a disposable tissue and washing after handling.
- Do not attend day trips or the residential holiday while being unwell, infectious or recovering from an infection - all participants should follow individual infection exclusion recommendations (refer to Health Protection Agency advice, for example must be 48 hours free of symptoms post diarrhoea and vomiting).
- In the event a child becomes unwell with a suspected infectious condition (e.g. diarrhoea and vomiting) during the residential holiday, every effort will be taken to isolate them to try and prevent further spread. If this occurs overnight or if a bed is needed, the child will be isolated in the HCP room with two volunteers present and contact lead HCP (or emergency volunteer list if more support required to manage the situation).

- Wear Personal Protective Equipment (PPE) if there is a risk of splashing or contamination with blood or bodily fluids during an activity. See Appendix 1.

BITES

If a bite does not break the skin; clean with soap and water.

If a bite breaks the skin; clean immediately with soap and water. Seek medical advice as soon as possible.

Remember to complete an accident form and advise an HCP on duty as soon as possible.

MANAGING NEEDLE STICK INJURIES

In the rare event of a needle stick injury, encourage the wound to bleed, ideally by holding it under running water, wash the wound thoroughly with soap and water and cover with a waterproof dressing. Report the incident immediately to the HCP on duty. Seek medical attention at the nearest Accident and Emergency Department. Document and inform parents.

CLEANING BLOOD AND BODILY FLUIDS

All spillages of blood, faeces, urine, vomit, saliva, nasal and eye discharges should be cleaned up immediately, wearing Personal Protective Equipment (PPE). Clean spillages with a product which combines detergent and disinfectant. See Appendix 7.

TOILETING AND DEALING WITH CONTAMINATED CLOTHING

When supporting a child with toileting, ensure you wear appropriate PPE. The area used should be cleaned before and after use. See Appendix 7. Any contaminated clothing should be removed and placed in a plastic bag to send home after a day trip or washed separately in the case of the residential holiday.

SUSPECTED OUTBREAKS

An outbreak is defined as two or more people experiencing a similar illness linked to time or place.
For most infections, this will include discussion with the Lead HCP who will seek advice from the Health Protection Agency if appropriate.

VOLUNTEER WELFARE

If you are unwell before your shift contact the staffing team and do not attend if you feel you might be putting others' health at risk. If you feel unwell during a shift speak to the HCP and the staffing team member on shift.

As an unpaid Carer, any volunteer over the age of 18 years old should be able to access a COVID-19 vaccination. ORCHYD can provide a letter if required to confirm the status of a volunteer as an unpaid Carer.

Certain individuals may be at an increased vulnerability from COVID-19. It is the responsibility of volunteers to discuss with their GP their own risk and suitability to volunteer with ORCHYD.

MEDICATION MANAGEMENT

ORCHYD Management of Medication section of this policy is drawn up to reflect the requirements of both The Residential holiday schemes for disabled children National minimum standards, Standard five and fifteen (Department for Education, 2013) and Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2015).

ORCHYD understands the importance of medication being taken as prescribed and has clear guidance on the administration and storage of medication.

ORCHYD will ensure at least one member of staff trained to administer emergency medications and a second trained to witness the administration of emergency medications is on duty at all times.

MEDICATION PERMISSION FORM

Consent will be gained from parent/carer for staff at ORCHYD to administer medication for their child (Appendix 8). It is the parent's responsibility to ensure that the correct information has been provided.

This includes:

Name of Medication

Dose

Times medicine to be given

Route

Signature and printed name of parent/carer

Date

MEDICATION ADMINISTRATION RECORD (MAR)

Each child will have their own medication administration record (Appendix 9)

This includes;

Name of Medication

Dose (in both milligrams and millilitres if required)

Time(s)

Route

MAR to be completed by Health Care Professionals (HCP) and checked by a second HCP when booking child in.

As these are legal records they should be completed in BLACK PEN.

The MAR should contain a record of any allergies.

Any errors should be crossed through with a single line and signature next to error.

MEDICATION LABELLING

All medication must be in its original packaging with a clear dispensing label from the pharmacist containing;

Drug name and strength/quantity

Clear directions for use

Childs name

Name of pharmacy

Date dispensed

ADMINISTRATION OF MEDICINE

Volunteers can only administer authorised medication to a child.

Medicines should be checked by a Health Care Professional (1st checker). This will be a healthcare professional who is used to administering or prescribing medication as part of their job and be a registrant with either the NMC, GMC or HCPC. This should be checked by second person medications (2nd checker) this can be either a registrant, student in a relevant role, some who has retired from a relevant role or an appropriately experienced member of ORCHYD staff (e.g. Special Needs Teacher or Teaching Assistant).

A list of the names of both 1st and 2nd checkers is kept by the Lead HCP. All members of the HCP team must be aware of their own status as a checker.

All medicines should be prepared immediately before administration to a child.

Only one set of medications should be prepared at a time.

During preparation, medicines should be checked against MAR ensuring correct drug, dose, route, time, name of child and expiry date.

Two staff should be present at all times (see above) during preparation and administration of the medication. Both must sign the MAR every time medication is administered.

Staff must be certain of identity of the child to which they are administering medication. The child should were possible have a name badge on. Drug charts will contain a picture of corresponding child.

In case of doubt of identity of child, conformation of identity should be gained from a senior member of staff prior to administration.

Where medication is not given the reason for doing so must be recorded.

TRANSPORTATION AND STORAGE OF MEDICATION

Medication will be checked in on arrival of the child and then placed in a locked cupboard.

HCP's must check that it is clearly labelled as specified, also checking the expiry date and ensure there is sufficient stock to last the entire length of the residential holiday or day trip.

All medication will be kept in a locked cupboard or fridge (unless required on trips) and keys will be with the HCP on duty or another named place.

Parents will sign at the end of the residential holiday to confirm that medicines have been returned to them.

Medication required on day trips must be taken in its original container and stored in bag kept in the possession of the HCP on duty. The exception to this will be emergency medication (e.g. salbutamol) which may be held by the helper assigned to the child.

TRAINING

Those administering medication (1st checker) will be healthcare professionals who are used to administering or prescribing medication as part of their job and be a registrant with either the NMC, GMC or HCPC.

Those witnessing the preparation and administration of medications (2nd checker) can be either a registrant, student in a relevant role, some who has retired from a relevant role or an appropriately experienced member of ORCHYD staff (e.g. Special Needs Teacher or Teaching Assistant).

It is good practice to have knowledge of medicine, its use, side effects and contraindications before administering it.

NON-PRESCRIPTION MEDICINE

Consent is obtained from parent/carers prior to the holiday for the ORCHYD HCP team to administer anti-histamines, barrier creams, string relief and paracetamol as required for the duration of the holiday. These medications are held in the medicines cupboard and taken on all outings.

Permission will be sort from parents/carer for paracetamol to be given as pain relief or for a temperature over 38°C.

Doses of paracetamol will be given as follows;

Children 6-12 years: 5 to 10 ml liquid of 250mg in 5ml

Children 12 year+: 10 to 20ml liquid of 250mg in 5ml or 1-2 tablets (500mg)

Administration of non-prescription medications must be recorded on a MAR form.

EMERGENCY MEDICATION

Emergency medicines will be prepared and administered by a Health Care Professional/trained staff member. These can include Buccal Midazolam, auto-injectors or Asthma medication.

Follow Individual Care Plan (see Epilepsy/Asthma/Anaphylaxis sections of policy) for the administration of Buccal Midazolam or other emergency care plan for Anaphylaxis, Asthma or any other medical condition.

In the event of other emergency medication prescribed, such as Steroid injections, only staff trained and competent to administer should do so. In the unlikely event of no

trained staff being available – an ambulance should be called. The Lead HCP will risk assess any situations such as these and discuss with the family/rest of HCP Team.

Administration of emergency medication will be recorded on MAR and Emergency Medication Record Sheet.

Parents/carer should be informed if emergency medication is administered.

ROUTES OF ADMINISTRATION

Drugs may be required to be administered via various routes, including:

Orally
Rectally
Enteral route/nasogastric tube/gastrostomy (PEG, Mickey, mini etc)
Buccal
Subcutaneous or intramuscular injection
Inhaled
Drops (Eye/Ear)
Topically

MANAGEMENT OF ERRORS/NEAR MISSES

An error has occurred if the child has;

a) Not received medication according to prescription

b) Received medication which was incorrectly prescribed

c) Staff have failed to record properly medicines given

In the event of an error/near miss an incident form must be completed and Lead HCP informed.

Medical advice should be sought from any of the below;

Nurse

Doctor

Pharmacist

Poisons Information Service (0844 892 0111)

to ensure the safety of the child.

ADVERSE REACTIONS

In case of adverse reaction to medications, stop medication immediately and seek medical advice.

In cases of severe allergic reaction (i.e. anaphylaxis) call 999.

RECORD KEEPING AND CONFIDENTIALITY

Prior to residential holidays and day trips, ORCHYD gains written information regarding the child's individual health needs so that the best care can be delivered to each individual child. ORCHYD acknowledges that this information is sensitive and personal and maintains appropriate standards of record keeping and confidentiality procedures. The information gained/generated includes an application form, health needs assessment form (residential holidays only), medication consent forms, feed consent forms, copies of healthcare plans and copies of relevant medical letters/reports/plans (including Paediatrician clinic reports, GP prescription print-outs, Dietician's feeding regimes, Physiotherapy plans, etc).

All third party information (e.g. healthcare plans, doctors letters, Dietician's feeding regimes, Physiotherapy plans, etc), will either be returned to the family or destroyed by confidential destruction waste methods immediately after the residential holiday/day trip.

Once the application forms have been reviewed by a member of the HCP Team, prior to the residential holiday or day trip, the HCP will contact the family by phone to discuss the child's health needs. A health needs assessment form (residential holidays only) will be generated. This will be discussed again by a HCP with the family on "check-in" day and any amendments are made to the form. An individual care record is also generated to plan the care required for the child during the holiday and for the HCP team to document any specific care needs/concerns (e.g. wound/skin care, elimination and dietary intake records, enteral feeding care, etc). If a child requires any medication or feeds, they will have an individual medication administration record (MAR). The MAR and the care record will be shared with the child and family at the end of the holiday or (in the event of a serious concern - a member of the HCP team will contact the family during the holiday/day trip, if appropriate). For day trips any concerns will be communicated during the day, as appropriate.

All ORCHYD generated records (Application forms, Consent forms, health needs assessment form, MAR forms, Care Record, care plans, etc), will be retained securely for three years. Any electronic forms with children's information will be password protected and stored only on the HCP lap-top/HCP OneDrive folder and after the residential holiday will be deleted. Children and family can request to view these records by contacting the Chair or Lead HCP.

ORCHYD HCP volunteers understand the nature of records and follow this policy for the keeping and retention of files, managing confidential information, and access to files (including files removed from the premises). The Lead HCP monitors the quality and adequacy of record keeping and takes action when needed.

Information about individual children is kept confidential and only shared with those who have a legitimate need to know, or are entitled to see, the information.

ORCHYD HCP volunteers ensure that entries in records are legible, clearly expressed, non-stigmatising and distinguish as far as possible between fact, opinion and third-party information.

APPENDICES

Appendix 1 - Guides to the different AAI's:

Guide to Using an EpiPen® (see side of device).

There is no need to remove clothing to use an **EpiPen®**, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove **EpiPen®** from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the **EpiPen®** out of the carry case.

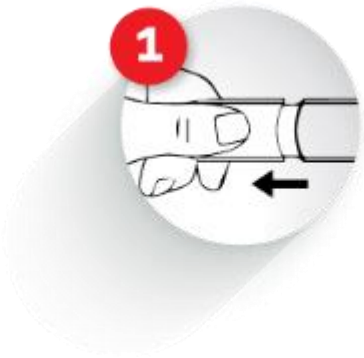
Lie the child down with their legs slightly elevated to keep the blood flowing or sit up if breathing is difficult.

Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

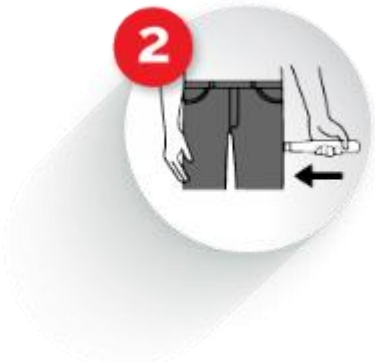
Stay lying down or seated and have someone stay with you until you have been assessed by a paramedic.

Unconscious patients should be placed in the recovery position.

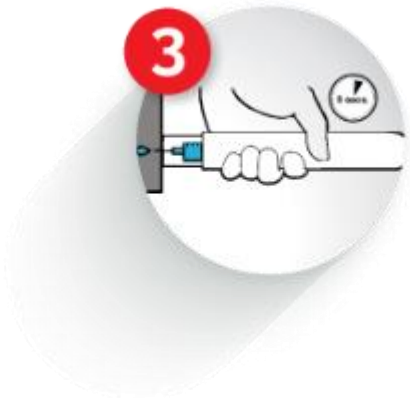
How to Use an **Emerade** **auto-injector (see side of device).**



Remove needle shield



Press against the OUTER THIGH



Hold for 5 seconds

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Emerade® is for single use only. However, in the absence of clinical improvement a second injection of Emerade® may be administered **5 -15 minutes after the first injection**.

Instructions for Jext device (written on side of device).

Appendix 2 Asthma Care Plan

ORCHYD Emergency Asthma care plan

Name:_____ Date of Birth: ___/___/_____

Known triggers: _____ Other information_____

Early Symptoms:-

Coughing

Shortness of Breath
Wheezing
Tightness in chest

unusually quiet

Tummy ache

Action

1. Sit up and slightly forward
2. Reassure them
3. Loosen clothing
4. Give ☐ puffs of reliever (blue) inhaler, preferably through a spacer.

Name of medication: _____

If there is some improvement after 5 minutes to the above measures but the child still has mild/moderate symptoms repeat as above.

NB If symptoms reoccur less than three-four hours after inhaler has been given or more than four times in 24 hours; the child will need to be reviewed in Urgent Care/A&E.

Worsening Symptoms

Symptoms do not improve in 5-10 minutes
Too breathless to talk
Lips or fingernails grey/blue colour

Action;

• Call **999** for an ambulance
• HCP to give 1 puff of reliever (blue) inhaler, through a spacer, every minute until ambulance arrives.

I agree to the following care plan

Name _____Signature _____

Appendix 3 – Enteral Feeding Procedures:

Bolus Feeding

1. Prepare the equipment required - gravity sets (if applicable), 60ml syringes and extension sets (applicable for the buttons). These are stored in their individually labelled container.

2. All feeds MUST be checked against the administration of feed record for the correct feed, amount and time. The expiry date needs to be checked. For trans-gastric jejunostomy, check which port is to be used.

3. Wash hands before and after any contact with the equipment and the child. Put on gloves if required.

4. Prime the extension set with water and attach to the button.

5. Flush the gastrostomy/trans-gastric jejunostomy tube with 20mls water unless otherwise stated in the individual protocol.

6. If using gravity set, prime the feed through the feeding set.

7. Connect the primed feeding set or 60ml syringe to the gastrostomy/trans-gastric jejunostomy tube and undo the clamp.

8. Keep the syringe filled to prevent air entering the stomach.

9. Adjust the flow rate by lowering or raising the syringe.

10. The feed should take between 10-15 minutes to administer.

11. Flush the tube with 20mls of water via a syringe – unless otherwise stated in the individual protocol.

12. Detach the extension set if applicable.

13. Close cap of gastrostomy/ trans-gastric jejunostomy tube.

14. Wash the extension set and 60ml syringe after each use with warm soapy water until tubing is clear. Rinse thoroughly and air dry. Store in named child's pot.

15. Gravity sets are single use only so should be disposed of after each feed.

16. Sign the feeding administration record.

Pump feeding

1. Prepare the equipment required - The individual child's feeding pump, syringes and extension sets, if required.

2. All feeding lines must be prepared immediately before use. All feeds MUST be checked against the administration of feed record form for the correct feed, amount, rate and expiry date.

3. Wash hands before and after any contact with equipment and the child. Put on gloves if required.

4. Prime the extension set (if applicable) with water and attach to the button.

5. Prime the giving set with feed before attaching to the pump or prime giving set using pump depending on pump type.

6. Flush the gastrostomy/ trans-gastric jejunostomy tube with 20mls water unless otherwise stated in the individual protocol.

7. You must ensure the pump is set at the correct rate and includes a set dose limit if required.

8. Any problems with feeding via the pump: stop feed, check the alarm displayed on the pump and if unable to clear problem contact the HCP or the manufactures helplines for advice.

9. When the feed is finished, make a visual check to see that the feed has been given, check that dose has been delivered, disconnect the pump and flush with 20mls water unless otherwise stated in the individual protocol.

10. Some children are provided with one giving set for 24 hours or single use, check the Enteral feed consent for details. Wash the extension set with warm soapy water until tubing is clear. Rinse thoroughly and air dry. Store in named child's container.

11. Sign the feeding administration record.

Medication

1. Prepare equipment required. Extension set (for low profile gastrostomy) and syringes

2. Medication should be checked as per medication policy.

3. Wash hands before and after contact with equipment and child. Put on gloves if required.

4. Prime extension set (if applicable) with water and attach to button. Flush with at least 20ml water

5. Give medications one at a time with flush in-between medications

6. Flush with at least 20ml water after last medication and disconnect extension set if applicable

Wash extension set and syringe with warm soapy water until bung is clear. Rinse thoroughly and air dry. Store in named child's container

Appendix 4 -

ENTERAL FEEDING COMPETENCY FORM

Details of competency: Enteral Feeding – PEG gastrostomy, low profile Gastrostomy (button) tubes and Jejunostomy feeding (trans-gastric, PEG-J or PEJ). Circle tube/s type as appropriate.
Learning outcomes:
On completion the ORCHYD team member will:

- Have knowledge of the ORCHYD Enteral feeding policy and further sources of information.
- Have a basic understanding of the digestive system.
- Have an understanding of why some children need to be fed via a tube.
- An awareness of the factors involved when administering an enteral feed.
- A practical ability to successfully carry out enteral feeding.

	Competency/knowledge demonstrated	*Fully met/Competent*	*Sign/Initial*

1	Demonstrates an awareness of: • The anatomy and physiology of the gastro intestinal tract. • Position of a percutaneous endoscopic gastrostomy/button feeding tube and the various Jejunostomy tubes. • Indications for enteral feeding. • Additional problems the child may have that complicate feeding e.g. reflux.			
2	Demonstrates psychological aspects of enteral feeding: • Age/child appropriate preparation and techniques for consent • Aware of the importance of oral stimulation. • Importance of oral hygiene. • Encouragement of normal social interaction at mealtimes.			
3	Understands the safety aspects of feeding: • Safe hand washing technique. • Storage of feed between 5 – 24 degrees Celsius. • Where stored and how long feed can be stored once opened • Need to check correct feed at room temperature, expiry date, required rate, look and smell of feed. • Correct positioning of child during and after feed. • Clean environment for feeds.			
4	Demonstrates competent practice in using the equipment required:			

	• All appropriate equipment checked for integrity, expiry date, etc • Priming the sets to dispel air. • How to gravity feed if appropriate • How to use feeding pump if appropriate. • Flushing tube before and after feed to care plan/feeding regime. • Policy for use of disposables.			
5	Awareness and competent in daily care: • Cleaning of tube • Signs of infection			
6	Aware of potential problems and appropriate solutions • What to do if tube is blocked. • What to do if a child develops vomiting, diarrhoea, or abdominal discomfort. • Whom to contact for advice • What to do if tube becomes dislodged/removed – emergency action (full details on emergency replacement procedure sheet). Indicate if competent to replace tube.			
7	Knowledge regarding ORCHYD record keeping • Accurate, appropriate documentation • Who and when to report concerns			
8	Demonstrate awareness of issues surrounding privacy and dignity • Aware of intimate nature of the procedure/other people's curiosity			

Sign off:

When the ORCHYD staff member and the assessor (Nurse on NMC register competent in training and assessing Enteral feeding) are happy that the technique has been performed competently allowing independent practice, sign & date below

Assessor's Name:

Signature:

---------- Date---------

Staff member - I agree with the above assessment and understand that I am able to deliver feeds without further supervision and that it is my responsibility to inform the Lead HCP if I need any further training/support or I have concerns with my competency to perform Enteral feeding.

Staff member's name: ----------

Signature:
---------- Date: ----------

Appemdox 6 Can Plans -

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF EMERGENCY RESCUE MEDICINES IN EPILEPSY

BUCCAL MIDAZOLAM

INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH MEDICAL PRACTIONER

THESE TREATMENT PLANS MUST BE SIGNED BY A DOCTOR FOR EMERGENCY MEDICATIONS TO BE ADMINISTERED AT ORCHYD.

NAME OF CHILD:_____

DATE OF BIRTH: / / APPROXIMATE WEIGHT: KG

WHAT TYPE OF SEIZURE/S DOES YOUR CHILD HAVE WHICH MAY REQUIRE EMERGENCY MEDICATION (Please record details of seizure e.g. goes stiff, falls, convulses down one/both sides of body, normal length of convulsion, how regularly these seizures occur)

1)

USUAL DURATION OF SEIZURE?

2)

USUAL DURATION OF SEZURE?

Any history of status epilepticus YES/NO

OTHER USEFUL INFORMATION(e.g. warnings, triggers, normal recovery time, what they are normally like when recovering)

TREATMENT PLAN FOR BUCCAL MIDAZOLAM

1. WHEN SHOULD BUCCAL MIDAZOLAM BE ADMINISTERED? (i.e. is this after a certain amount of time or number of seizures)

2. INITIAL DOSAGE: HOW MUCH BUCCAL MIDAZOLAM IS GIVEN? (Note recommended number of milligrams for this person)

3. WHAT IS THE USUAL REACTION(S) TO BUCCAL MIDAZOLAM, IF KNOWN? (Also note if your child has ever received this medication before and how regularly)

4. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP?

IF PRESCRIBED DOSE OF BUCCAL MIDAZOLAM FAILS TO CONTROL THE SEIZURE.

OTHER (please give details)

Please note 999 will be called during any situation where staff of ORCHYD are concerned for safety of the child.

5. WHO/WHERE NEEDS TO BE INFORMED

PRESRIBING DOCTOR

Name

Tel.

PARENT/GUARDIAN

Name

Tel.

OTHER

Name

Tel.

ALL OCCASIONS WHEN BUCCAL MIDAZOLAM IS ADMINISTERED WILL BE RECORDED

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING

PRESCRIBING DOCTOR (print name)

SIGNATURE

DATE

PARENT/CARER (print name)

SIGNATURE

DATE

TO BE COMPLETED AT ORCHYD HOLIDAY

LEAD HCP

NAME

SIGNATURE

DATE

SECOND HCP

NAME

SIGNATURE

DATE

FORM TO BE HELD BY NURSE/HCP AND TAKEN ON EVERY OUTING

FORM VALID ONLY FOR DURATION OF ORCHYD HOLIDAY

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF EMERGENCY MEDICINES IN EPILEPSY

RECTAL DIAZEPAM

INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH MEDICAL PRACTIONER

THESE TREATMENT PLANS MUST BE SIGNED BY A DOCTOR FOR EMERGENCY MEDICATIONS TO BE ADMINISTERED AT ORCHYD.

NAME OF CHILD:_____

DATE OF BIRTH: / / APPROXIMATE WEIGHT: KG

WHAT TYPE OF SEIZURE/S DOES YOUR CHILD HAVE WHICH MAY REQUIRE EMERGENCY MEDICATION (Please record details of seizure e.g. goes stiff, falls, convulses down one/both sides of body, normal length of convulsion, how regularly these seizures occur)

1)

USUAL DURATION OF SEIZURE?

2)

USUAL DURATION OF SEZURE?

Any history of status epilepticus YES/NO

(If yes please note whether this was convulsive, partial or absence)

OTHER USEFUL INFORMATION(e.g. warnings, triggers, normal recovery time, what they are normally like when recovering)

TREATMENT PLAN FOR RECTAL DIAZEPAM

1. WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED? (i.e. is this after a certain amount of time or number of seizures)

2. INITIAL DOSAGE: HOW MUCH RECTAL DIAZEPAM IS GIVEN? (Note recommended number of milligrams for this person)

3. WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM? (Also note if your child has ever received this medication before and how regularly)

4. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP? (TICK APPROPRIATE BOXES)

IF PRESCRIBED DOSE OF RECTAL DIAZEPAM FAILS TO CONTROL THE SEIZURE

OTHER (please give details

Please note 999 will be called in instances where the child has never previously received emergency medications or any other situation where staff of ORCHYD are concerned for safety of the child

5. WHO/WHERE NEEDS TO BE INFORMED

PRESRIBING DOCTOR

Name

Tel.

Parent/Guardian

Name

Tel.

Other

Name

Tel.

6. *PRECAUTIONS*: ARE THERE ANY CIRCUMSTANCES IN WHICH RECTAL DIAZEPAM SHOULD NOT BE USED?

ALL OCCASIONS WHEN RECTAL DIAZEPAM IS ADMINISTERED WILL BE RECORDED

<u>THIS PLAN HAS BEEN AGREED BY THE FOLLOWING</u>

PRESCRIBING DOCTOR (print name)

SIGNATURE

DATE

LEAD HCP

NAME

SIGNATURE

DATE

ORCHYD COMMITTEE MEMBER/TRUSTEE

NAME

SIGNATURE

DATE

FORM TO BE HELD BY NURSE/HCP AND TAKEN ON EVERY OUTING

FORM VALID ONLY FOR DURATION OF ORCHYD HOLIDAY

Appendix 7

PPE and Cleaning

PPE and cleaning packs will be available for volunteers. These packs will contain disposable aprons, gloves (to be put in by volunteer), fluid resistant “surgical masks”, clinell wipes, hand wipes and alcohol hand gel.

PPE (gloves and/or apron) may be worn when supporting feeding and should be worn for administering medication or Gastrostomy feeds and for personal care (toileting). Enhanced cleaning should be performed in all frequently touched surfaces before and after use, such as changing tables, door handles, table and chairs, etc. PPE and other disposable waste (pads and wipes, etc) should be placed in the rubbish bag provided, tied and disposed of in a bin as soon as is practicably possible.

REFERENCE MATERIAL

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Appendix 8 : Example Day trip consent and MAR form

Name of Child: _____DOB: ____/____/_____ ALLERGIES:

Prescribed Medicine/feed	**Form (e.g. tab Capsule/liquid**	**Dose**	**Time to be given**	**Special instructio**
Paracetamol	liquid	As per dose on bottle	For pain/fever	

Signature of parent/carer…… **Name of parent/carer (Please print)……** **consent for Orchyd Health Care Professionals to administer the above medication/feeds to my child as per the prescriber's instructions.**	Daytime phone no:

Feed:	**Amount and rate:**	**Route:**	**Date:**	**Times:**	**Sign:**
Drug:	**Amount and rate:**	**Route:**	**Date:**	**Times:**	**Sign:**
Drug:	**Amount and rate:**	**Route:**	**Date:**	**Times:**	**Sign:**
Drug:	**Amount and rate:**	**Route:**	**Date:**	**Times:**	**Sign:**

HCP Sample Signature Record

Initial				
Signature				
Print Name				

Appendix 9- Example Weekend/holiday consent form.

MEDICATION CONSENT FORM (might be online)

Please complete below or attach up to date print out of medication this child is receiving

Name Of Child.....

Date Of Birth.....

Any Allergies.....

Name Of Medication	Dose	Times To Be Given	Route Of Administration

I give my permission for the above medicines to be administered to my child by the health care professionals/trained helpers identified by ORCHYD

Signature of Parent/Carer.....

Print Name.....

Date.....

Appendix 10 MAR form EXAMPLE

MEDICATION ADMINISTRATION RECORD **PHOTO**

Name of Child

Medication		Dose		Route		Directions											
Day		Thursday		Friday		Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday	
Date		1/8/24		2/8/24		3/8/24		4/8/24		5/8/25		6/8/25		7/8/24		8/8/24	
Time	Dose																

This policy was compiled with the help of the following:-

Department for Education (2015) Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

Department for Education (2013) Residential holiday schemes for disabled children. National minimum standards of care for providers of holiday schemes for disabled children (Standard five and fifteen).

RNIB Sunshine House School Northwood (2008) Supporting Pupils with Medical Needs and the Administration of Medication. Policy Number: 1.10