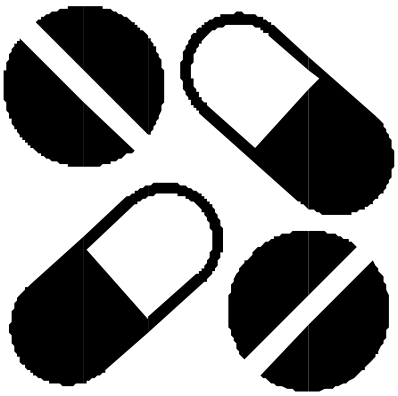
Redlands Community Primary School

Working Together and Aiming for Excellence

Leicestershire County Council

Sileby Redlands Community Primary School
LEICESTERSHIRE CHILDREN & YOUNG PEOPLE'S SERVICE

Code of Practice No. 5



ADMINISTRATION OF MEDICINES

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Disclaimer: *Every effort has been made by the Leicestershire Children & Young People's Service to ensure that the information given is accurate and not misleading, but the Leicestershire Children & Young People's Service cannot accept responsibility for any loss or liability perceived to have arisen from the use of any such information. Only Acts of Parliament and Statutory Instruments have the force of law and only the courts can authoritatively interpret the law.*

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What you must do to comply:

- Must ensure emergency medication remains with the child at all times during the day.
- Must have a care plan agreed by parents for children with specific diagnosed medical conditions, this must include emergency procedures.
- Must ensure medication stored on site is clearly labelled in the original container with instructions.

What you should do to comply:

- Should have spare back up emergency medication on site.
- Should cross reference other relevant codes of practice e.g. code of practice number 11 (Off Site Visits).

INTRODUCTION

Legal Position

A) Any staff who agree to administer medicines to pupils in School do so on an entirely voluntary basis. There is no obligation on staff to volunteer to administer medicines.

B) The County Council acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

C.1) Some contracts of employment do acknowledge that specific requirements are needed under job specifications for administration of medicines within certain settings. Staff who do not have such contracts are acting as volunteers.

C.2) Some staff may be required within their job description to administer and undergo training for the administration of prescribed medicines (endorsed by the LA)

D) **Negligence**

(i) "A headteacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing" (Gower v London Borough of Bromley 1999).

(ii) Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the Local Authority which is vicariously liable for a breach of duty by headteachers, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the Local Authority, then the County Council will indemnify such a member of staff against any

claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with the training received from and endorsed by the LA

E) **Criminal Liability**

In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk of serious injury or har

F) **Disability Discrimination**

The Disability Discrimination Act provides that the Governing Body of a school is subject to an anticipatory duty to make reasonable adjustments (outside of the need to make physical adaptions to buildings and the provision of aids and equipment which fall to be met by the Local Authority) to meet the needs of disabled children in general and to ensure that appropriate policies and practices are in place in order to avoid discrimination against disabled children. Having in place a policy dealing with the voluntary administration of prescribed medicines is likely to be a 'reasonable adjustment' under the Act. Claims alleging disability discrimination from a parent are generally made against the Governing Body of the school in question or, in some circumstances, against the Local Authority and are heard by the First-Tier Tribunal (Health Education and Social Care Chamber). Such claims do not give rise to liability in respect of individual teachers, headteachers or other educational support staff.

G) This Code of Practice has been updated and agreed by the Children and Young People's Service (CYPS) Health and Safety Committee.

Acknowledgement of contribution for this document

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1. GENERAL

1.1 Non Prescribed Medication.

Any medication that has not been prescribed should be questioned as to whether or not it is needed during School hours. If this is needed it can be self administered or administered under parental supervision. School staff will not administer non-prescribed medication.

1.2 Prescribed Medication

NO PRESCRIBED MEDICINE should be administered by staff unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so (see sample pro forma – Appendix A). Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language. IT MUST BE UNDERSTOOD THAT STAFF ARE ACTING VOLUNTARILY IN ADMINISTERING PRESCRIBED MEDICINES (unless it is written into an employment contract).

1.3 The parents or legal guardians must take responsibility for updating the school with any changes in administration for routine or emergency medication and maintain an in-date supply. If this is not the case then the previous instructions must be followed.

1.4 All medicines must be clearly labelled with the child's name, route (i.e. mode of administering oral/aural etc.) dose, frequency and name of the medication being given.

1.5 **Where it is agreed by the parents and teachers prescribed medication including emergency medication or related products e.g., inhalers or creon will be carried by the child for self administration.** These may be carried in 'bum bags' or swimming pouches. (see appendix A)

1.6 **EMERGENCY MEDICATION AND RELIEVER INHALERS MUST FOLLOW THE CHILD AT ALL TIMES**. Inhalers and emergency treatment medication **MUST** follow the child to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the teacher in charge (e.g. in a box on the touchline or at the side of the pool). The school may hold spare emergency medication if it is provided by the parents or guardians, in the event that the child loses their medication. Until this becomes the emergency treatment the spare medication should be kept securely in accordance with the instructions below.

1.7 All other medicines **except emergency medication and inhalers** should be kept securely. Controlled drugs with the exception of emergency medication must be 'doubly' secured at all times to ensure that no unauthorised access is likely. Oral medication should be in a child-proof container. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with ice packs, provided by the parent/guardian. If kept in a cool box with ice packs **do not** store medicine in direct contact with the ice packs as its efficacy may be affected. All medication should be kept out of direct sunlight and away from all other heat sources.

1.8 Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.

1.9 Medicines should be administered by a named individual member of school staff with specific responsibility for the task in order to prevent any error occurring. All children who require medication to be given during school hours should have clear instructions where and to whom they report. Controlled drugs with the exception of emergency medication should have a strict recording system in place for administration.

1.10 Children who are acutely ill and who require a short course of prescribed

medication, e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that it is not required in school. If, however, this is not possible, by agreement with the head teacher a parent/guardian or member of staff may administer it.

1.11 Advice for school staff on the management of conditions in individual children (including emergency care) will be provided through the School Nurse or community paediatrician (School Doctor) on request, at the outset of the school's consideration of the need for medication.

1.12 If a child refuses treatment to be administered by school staff, the School should:

- **Not force the child to take treatment**
- If the school has any concerns call an ambulance to get the child to hospital.
- Parents/guardians should be informed immediately

2. LONG TERM MEDICATION

2.1 The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see section 1 above, otherwise the management of the medical condition is hindered. (NB **specific requirements** e.g., it is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to exercise and outings.)

2.2 With parental/guardian permission, it is sometimes helpful and necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer support can be given.

3. INJECTIONS

3.1 There are certain conditions e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders, which are controlled by regular injections (see appendix E). Children with these conditions are usually taught to give their own injections or these injections are required outside school day. Where this is not the case arrangements should be made in advance and an individual care plan developed (cross reference section

4. EMERGENCY TREATMENT

4.1 a) No emergency medication should be kept in the school except that specified for use in an emergency for an individual child. (see section 1)

b) These medications must be clearly labelled with the child's name, action to be taken with the route, dosage and frequency (as in section 1)

c) Advice for school staff about individual children will be provided through the School Nurse or Community Paediatrician on request at the outset of planning to meet the child's needs. If not provided the school should develop a **'care plan'** specific to an individual child (referrer to appendix A).

d) In the event of the absence of trained staff, it is essential that emergency back-up procedures are agreed **in advance** between the parents/guardian and school.

e) In all circumstances if the school feels concerned they will call an ambulance.

f) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy must be retained in the school.

g) Where transporting a pupil and the administration of some prescribed emergency medication is required, it may be deemed appropriate to 'stop' and park the vehicle in the first instance for safety reasons. A '999' call will then be made to summon emergency assistance.

4.2 In accordance with 4.1 above

a) When specifically prescribed, a supply of antihistamines or pre-prepared adrenaline injection should be used if it is known that an individual child is hypersensitive to a specific allergen e.g. wasp stings, peanuts etc. **Immediate treatment needs to be given before** calling an ambulance. For the process of establishing the administration of a pre-prepared adrenaline injection and example of individual care plan and report form – Refer to Appendix B2.

b) A supply of 'factor replacement' for injection should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made emergency advice can be obtained between 08.30hrs and 16.30 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 2586500. If it is outside these times then an ambulance should be called.(refer to General Care plan appendix A)
For children who have repeated or prolonged fits and require the administration of rescue medication, either a small supply of buccal Midazolam or rectal diazepam may be kept in School for administration to a specifically identified child. Appendices C & D give guidance about the process for the administration of these rescue medications including examples of individual care plans and report forms.

c) Where either of these rescue medicines have been administered, arrangements must be made for the child to go to the nearest hospital receiving emergencies via ambulance unless the parent or healthcare professional indicates otherwise and this is acceptable to the School.
Under extremely RARE circumstances a child may not be using the aforementioned rescue medication and may have been prescribed rectal paraldehyde by a Consultant Paediatrician Neurologist. In these cases this should be discussed with your Community Paediatrician (school doctor)

d) A supply of glucose (gel, tablets, drink, food, etc) for treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools where any pupil suffers from diabetes mellitus. If after an initial recovery a **second attack occurs within three hours repeat the treatment and child must go to the nearest hospital receiving emergencies.**

e) It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties.

f) For children who have reduced hormonal responses to stresses,

It may be that they require an emergency dose of oral hormone replacement. The arrangements for the prescribed medication will be developed within a general care plan. (appendix A)

5. SCHOOL VISITS

5.1 Detailed advice and guidance regarding school visits is given in Code of Practice No. 11, Guidance for the Conduct of Educational Visits and Adventurous Activities.

5.1.1 As required by Code of Practice 11, a form must be completed and returned to the Local Authority PRIOR to the commencement of any school visit involving an overnight stay, foreign travel or adventurous activities (see Code of Practice 11).

5.2 A school consent form from the child's parent or guardian must be received **PRIOR** to participation in any school trip. Any medical problems must be highlighted by the parents or guardians (see Code of Practice 11 for details)

5.3 Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.

5.4 A named person must be identified to supervise the storage and administration of medication (see section 1 above)

5.5 Wherever possible children should carry their own reliever inhalers or emergency treatment (see 1.5) but it is important that the named person (see above) is aware of this.

6 IMPLEMENTATION & REVIEW

6.1 This document constitutes the Approved Code of Practice of Leicestershire Local Authority. It was agreed by the Children and Young People's Service (CYPS), Safety Committee in June 2009 taking into account Managing Medicines in School and Early Years settings 2005. This policy supersedes these guidance documents.

7 DOCUMENTATION

7.1	Appendix A	General Care Plan (for school use)
7.2	Appendix B	Administration of Adrenaline Injections in response to severe allergic reaction, advice protocol and parental consent form.
	Appendix B1 & B2	information only
	Appendix B3	school use
7.3	Appendix C	Administration of Rectal Diazepam – advice, examples of agreement form for completion by doctor, parent and school. Rectal Diazepam administration report form.
	Appendix C1 & C2	information only
	Appendix C3	school use
7.4	Appendix D	Administration of Buccal Midazolam – advice, example of agreement form for completion by consultant, parent and school. Bucal Midazolam administration form.

	Appendix D1 & D2	information only
	Appendix D3	school use
7.5	Appendix E	Guidance for settings on the management of diabetes mellitus
	Appendix E1	Agreement for self Testing of Blood Glucose in the setting
	Appendix E 2	Agreement to Self-Injection of Insulin
	Appendix E3	Flow chart for Individual Care Plan
	Appendix E4, 5, 6, 7	Individual Care Plan for the management of Diabetes by non medical and non Nursing Staff
	Appendix E8, 9	Protocol for blood Glucose testing
	Appendix E10	Sample of training / Record of completion of Training

8. ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school health professionals (give parents the name and contact number) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

Asthma at school – a guide for teachers Asthma Campaign Summit House 70, Wilson Street London EC2A 2DB Asthma Helpline	National Asthma Campaign www.asthma.org.uk Tel: 0845 701 0203
Guidance for teachers concerning Children who suffer from fits www.epilepsy.org.uk Helpline No: Freephone 0808 800 5050	Epilepsy Action The New Anstey House Gateway Drive Yeadon Leeds LS19 7XY
Guidelines for Infections	Health Protection Agency

(e.g. HIV, AIDS and MRSA)	Sanctuary Buildings Great Smith Street London SW1P 3BT Tel: 0207 9255555
Haemophilia info@haemophilia.org.uk Mon – Fri 10-4pm Helpline 0800 018 6068	The Haemophilia Society First Floor Petersham House 57a Hatton Garden London EC1 8JG Tel: 020 7831 1020 Fax: 020 7405 4824
Allergies Anaphylaxis Campaign www.anaphylaxis.org.uk www.allergiesinschools.org.uk	The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX Help line 01252 542029
Thalassaemia www.ukts.org email: information or office@ukts.org	UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH Tel: 020 8882 0011 Fax: 020 8882 8618
Sickle Cell Disease info@sicklecellsociety.org Helpline 0800 001 5660 (24hrs)	The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA Tel: 020 8961 7795 Fax: 020 8961 8346
Cystic Fibrosis and School (A guide for teachers and parents) www.cftrust.co.uk	Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY Tel: 020 84647211
Children with diabetes (Guidance for teachers and school staff) www.diabetics.org.uk	Diabetes UK Central Office 10 Parkway London NW1 7AA Tel: 0207 42241000
Diabetes Careline	Tel: 0845 1202960

Glossary

Care Plan (ICP) = Specific information on individual pupil requirements and their needs that need to be met while in school and any treatment needed to be administered by members of staff. Agreed by Head teacher and parents.

Transporting = To and from school and school trips

Double locked = Locked cupboard in a locked room or locked container in a room with a coded lock on the door.

Definition of Medication = as being medicines, therapeutic products, products used as a treatment for the child.

Appendix A

General Care Plan

To: Headteacher of ……..School

From: Parent/Guardian of……Full Name of Child

My child has been diagnosed as having:

……(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

…….(name of medication)

I allow/do not allow for my child to carry out self administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

…….(dosage) at……..(timed)

With effect from…….. …….Until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other……. (delete as applicable)

I allow/do not allow for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication of that carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff may be acting voluntarily in administering medicines to children.

Signed……Date:……....

Name of parent (please print)……

Contact Details:

Home……Work:…….Mobile:…….....

Appendix B

ADMINISTRATION OF A PRE-PREPARED ADRENALINE INJECTION IN RESPONSE TO ANAPHYLAXIS

PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND NON-NURSING STAFF IN NON HEALTH SETTINGS

1. When a child needs a pre-prepared adrenaline injection as emergency treatment for anaphylaxis in a non-health setting (e.g. school, nursery, respite facility), then the prescribing doctor will discuss this with the parents or carers and with their agreement pre-prepared adrenaline will be prescribed.

2. It is the parent's responsibility to raise the issue with the head of the setting e.g. headteacher, nursery manager.

3. When a child is able to self administer the head of the setting with the parents will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require a pre-prepared adrenaline injection, that (a) volunteer(s) are trained to administer a pre-prepared injection should a situation arise where a child is too ill/unable to self administer.* If training is not required a general administration of medicines form must be completed. A child who has self administered must report to a member of staff as they will need to be reviewed in hospital.

4. When the child is unable to self administer the head then identifies (a) volunteer(s) to undertake training and subsequent administration of the prepared adrenaline injection.

5. If no volunteers are identified the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.

6. If (a) volunteer(s) is/are identified they should read their setting's policy/guidelines on the administration of medicines. The head of the setting should then liaise with the health professional e.g. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across LLR should be used.

7. An Individual Care Plan must be completed by the health professional that provides the training programme. The health professional will discuss with the volunteer(s) the Individual Care Plan for the administration of pre-prepared adrenaline by non-medical and non-nursing staff for a specific child.

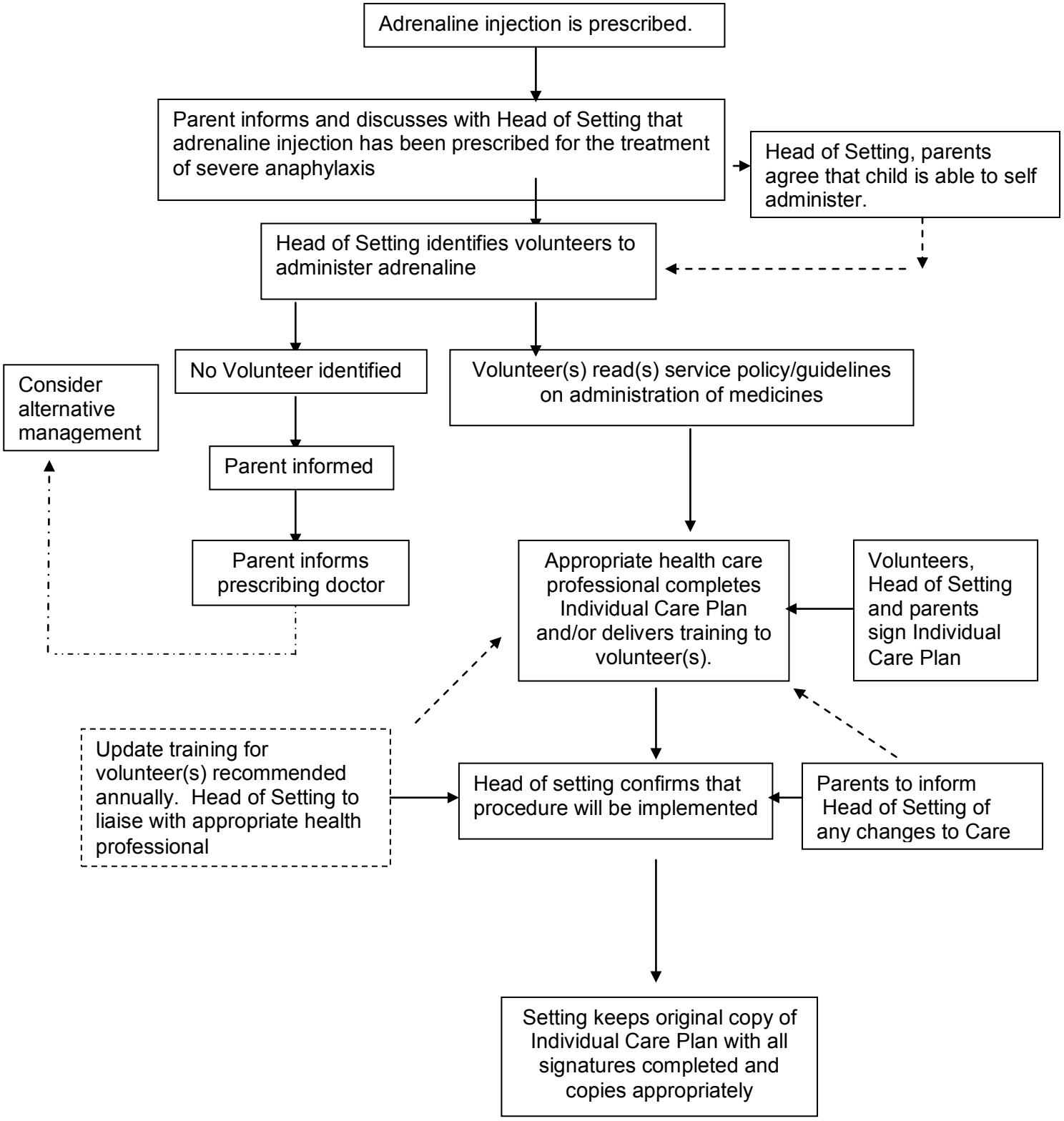
8. Following the training the volunteer(s) sign(s) the Training Record and the Individual Care Plan. The head of the setting then signs the Individual Care Plan. The original remains within the setting.

9. If any details in the Individual Care Plan change e.g. Epipen rather than Epipen Junior required it is the parent's responsibility to inform the head of the setting. If a new Individual Care Plan is required then the process above must be discussed by those parties and the ICP completed as appropriate.

10. It is recommended that update training of volunteers should take place on an annual basis. The head of the setting will request and negotiate this with the appropriate health professional.

Appendix B1

PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND NON-NURSING STAFF IN THE ADMINISTRATION OF PRE-PREPARED ADRENALINE



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Appendix B2

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF A PRE-PREPARED ADRENALINE INJECTION AS TREATMENT FOR ANAPHYLAXIS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY HEALTH PROFESSIONAL DELIVERING TRAINING

NAME OF CHILD: ……..

Date of birth: _____ / _____ / _____

The above named child has been identified as having a severe allergic reaction to:

……

Symptoms of an anaphylactic reaction that should be treated with an adrenaline injection are:

- **Respiratory: Internal swelling of the throat and tongue causing difficulty swallowing and breathing, shortness of breath with wheeze and hoarse voice.**
- **Circulation: Pale, clammy, complaining feeling faint and dizzy. May be agitated and confused.**

The device that has been prescribed is (please circle):

EpiPen 0.3 mg	**or**	**EpiPen Junior 0.15 mgs**
Anapen 0.3 mg	**or**	**Anapen Junior 0.15 mgs**
The Child may self administer		**Yes / No**

GIVE DOSE OF PRE-PREPARED ADRENALINE INJECTION THEN PHONE 999 FOR AN AMBULANCE stating child with anaphylaxis

Remember to tell the ambulance or hospital staff the exact time and name of pre-prepared adrenaline injection given and give them the used device.

Complete Report Form (appendix B3) giving a clear account of the incident. Copies should go to the parent, ambulance staff, if possible. The original should be kept at the setting.

The parents will be responsible for informing doctors and anyone else who needs to know if pre-prepared adrenaline injection has been given. They will be responsible for maintaining an in-date supply of medication at the setting and informing them of any changes to the care plan.

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HEALTH CARE PROFESSIONAL COMPLETING INDIVIDUAL CARE PLAN

NAME:……Tel No:……..

Signature: ……Date _____ / _____ / _____

Designation ……

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: ……Tel No: ……..

Signature: …… Date_____ / _____ / _____

Emergency telephone contact number……

HEAD OF ADMINISTERING SETTING

NAME: ……..

Signature: ……Date_____ / _____ / _____

VOLUNTEERS TO ADMINISTER PRE-PREPARED ADRENALINE INJECTION

NAME: ……..

Signature: ……Date_____ / _____ / _____

NAME: ……..

Signature: ……Date _____ / _____ / _____

NAME: ……..

Signature: ……Date_____ / _____ / _____

NAME: ……..

Signature: ……Date_____ / _____ / _____

NAME: ……..

Signature: ……Date_____ / _____ / _____

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS and the ADMINISTERING SETTING.

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Appendix B3

PRE-PREPARED ADRENALINE INJECTION ADMINISTRATION REPORT FORM

NAME OF CHILD:	**DOB:**
DATE OF ALLERGIC REACTION: _____ / _____ / _____	
TIME REACTION STARTED: ……. TRIGGER: …… DESCRIPTION OF SYMPTOMS OF REACTION: …… …… ……	
TIME ADRENALINE INJECTION GIVEN:…… **DEVICE USED (Circle): EpiPen / EpiPen Junior / Anapen / Anapen Junior** Site of injection: …….. Given by : …… Any difficulties in administration? …… ……	
TIME AMBULANCE CALLED:…… **ARRIVED:** …….. ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child) …… …… WITNESSES:……..	
FORM COMPLETED BY: **NAME (print):**……..**SIGNATURE:** …… Job title: ……Contact tel no: …… DATE: _____ / _____ / _____	

Original to Child's Setting Record
Cc: Hospital with child (where possible)
Parent

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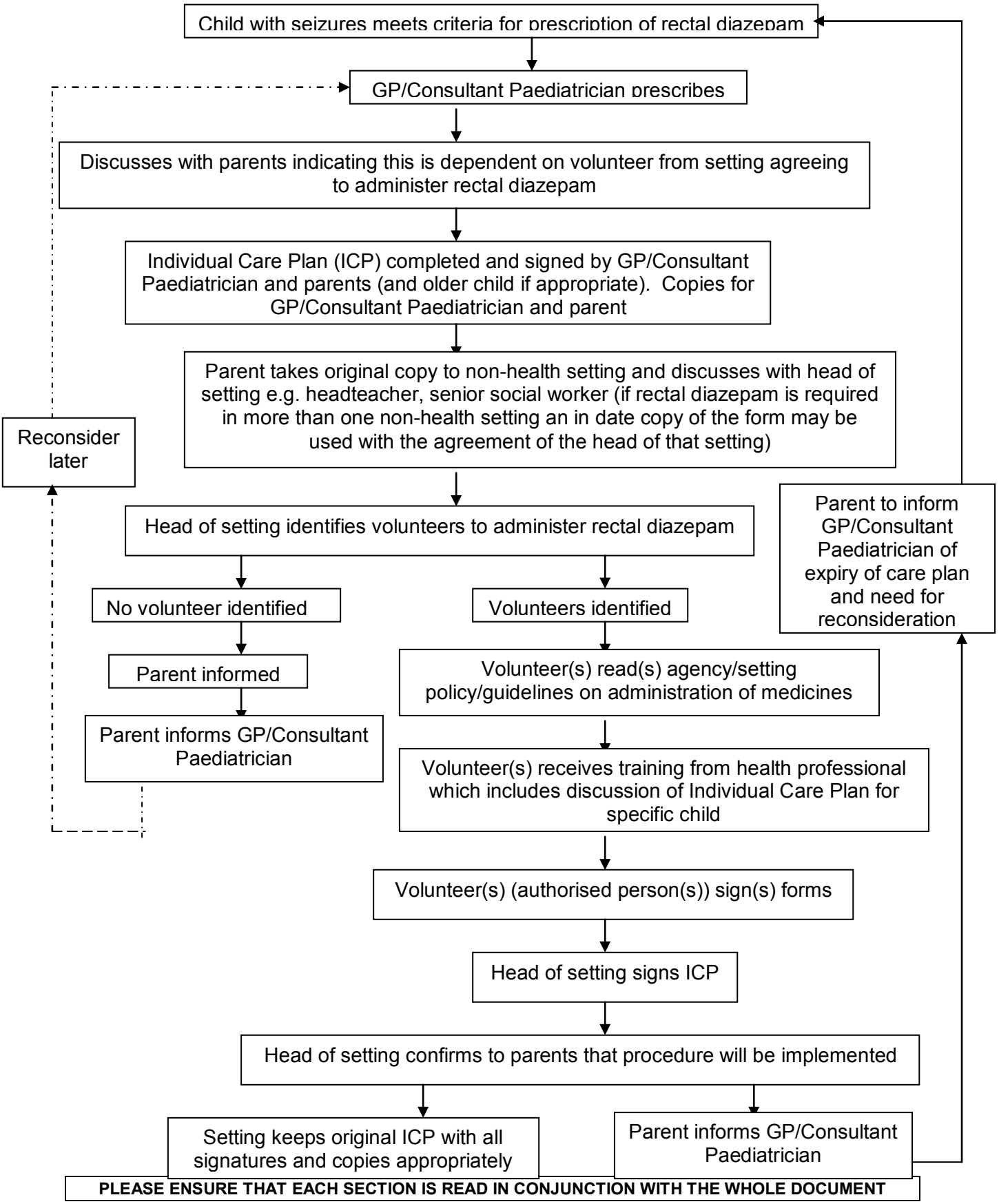
Appendix C1

ADMINISTRATION OF RECTAL DIAZEPAM IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-Medical and Non-Nursing Staff



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Appendix C2

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF RECTAL DIAZEPAM AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-HEALTH STAFF

TO BE COMPLETED BY AN HEALTH PROFESSIONAL, PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.

THE INSTRUCTIONS ON THIS FORM **EXPIRE 1 YEAR** FROM THE DATE OF SIGNATURE OF THE HEAD OF THE SETTING.

NAME OF CHILD: …….. DOB: ……

Description of type of fit/convulsions/seizure which requires rectal diazepam:-
Insert description

* lasting minutes ☐ or * repetitive over minutes ☐
without regaining consciousness

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of rectal diazepam should be…… tube containing……mgs.

This should be administered by a named individual (see over) in accordance with the procedure endorsed by the indemnifying agency.

The normal reaction to this dose is *the seizure should stop in 5 to 10 minutes.*
If required, further actions to take are (e.g.2nd dose):-

After rectal diazepam has been given the child must be **escorted to the nearest hospital receiving emergencies**. Unless someone can escort the child to hospital it will be necessary to 'phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and dose of rectal diazepam given (see the Report Form). *If the person with parental responsibility or an health professional is present, the decision about the need for transfer to the hospital can rest with them.*

After rectal diazepam is given, please complete a Report Form giving a clear account of the incident. A copy should go to the parent. The original should be kept by the administering setting

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The parents will be responsible for:

1. *informing anyone who needs to know, if rectal diazepam has been given*
2. *maintaining an in-date supply of medication at the setting*
3. *seeking renewal, on expiry of this care plan.*

This care plan has been agreed by the following:

GP/CONSULTANT (Block Capitals)……

Signature …… Date ……

PARENT/GUARDIAN (Block Capitals) …… Tel No. …….

Signature …… Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……

Signature …… Date ……

HEAD OF ADMINISTERING SETTING(Block Capitals) ……..……

Signature …….. Date ……

AUTHORISED PERSON(S) TO ADMINISTER RECTAL DIAZEPAM
NAME (Block Capitals) ……

Signature …… Date ……

NAME (Block Capitals) ……

Signature …… Date ……

NAME (Block Capitals) ……

Signature …… Date ……

NAME (Block Capitals) ……

Signature …… Date ……

** delete as appropriate*

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS
and the HEALTH PROFESSIONAL
THE ADMINISTERING SETTING RETAINS the ORIGINAL

Appendix C3

RECTAL DIAZEPAM ADMINISTRATION REPORT FORM

Name of Child:			DOB:
Date of seizure/convulsion:			
Time seizure/convulsion started: Activity when seizure/convulsion began: Description of seizure/convulsion:			
Time rectal diazepam was given:	Dose given:	Mgs:	Given by:
_____	_____	____	_____
_____	_____	____	_____
Any difficulties in administration? Time seizure/convulsion stopped:			
Time child was taken to hospital: Any other notes about incident (e.g. injuries to child or other parties, child sleepy):			
Signed (authorised person):		Name (please print):	
Date: Designation:			

Original to child's setting record
CC:
Hospital with child (where possible)
Parent
Other e.g. Health and Safety Advisor for Education

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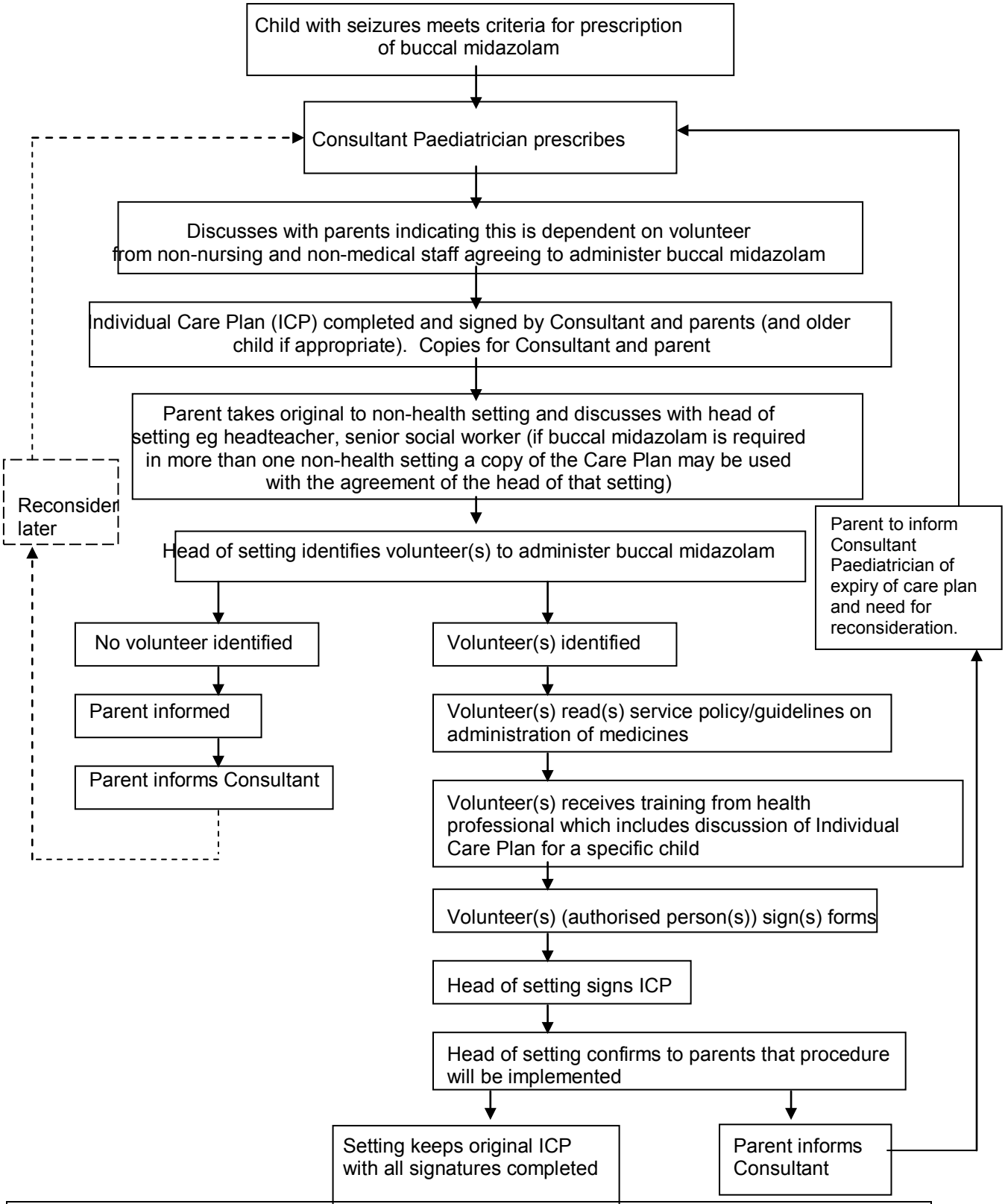
Appendix D
Appendix D1

ADMINISTRATION OF BUCCAL MIDAZOLAM IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-Medical and Non-Nursing Staff



PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUNCTION WITH THE WHOLE DOCUMENT

and copies appropriately

Appendix D2

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY A CONSULTANT, PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.

THE INSTRUCTIONS ON THIS FORM EXPIRE 1 YEAR FROM THE DATE OF SIGNATURE OF THE HEAD OF THE ADMINISTERING *SETTING*.

NAME OF CHILD: …….. DOB: ……

Description of type of fit/convulsions/seizure which requires buccal midazolam:-
insert description

* lasting minutes ☐ or * repetitive over minutes without regaining consciousness ☐

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of buccal midazolam should be ml(s) in volume of mg(s) in ml(s) *liquid *solution
This should be prepared and administered by a named individual (see over) in accordance with the procedure endorsed by the indemnifying agency.

The normal reaction to this dose is seizure should stop and this should occur in 5 to 10 minutes.
If required further action to take is:-

After buccal midazolam has been given the child must be **escorted to the nearest hospital receiving emergencies**. Unless someone can escort the child to hospital it will be necessary to 'phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and dose of buccal midazolam given (see the Report Form). *If the parent/person with parental responsibility or an health professional is present, the decision about the need for transfer to the hospital will rest with them.*

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUNCTION WITH THE WHOLE DOCUMENT

After buccal midazolam is given, please complete a Report Form giving a clear account of the incident. Copies should go to the parent. The original should be kept by the administering setting.

The parents will be responsible for:

1. informing anyone who needs to know if buccal midazolam has been given,
2. considering renewal of the care plan on expiry and
3. for maintaining an in-date supply of medication.

This plan has been agreed by the following:

CONSULTANT (Block Capitals) ……

Signature …… Date ……

PARENT/GUARDIAN (Block Capitals) ……..Tel No. …….

Signature …… Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……

Signature …… Date ……

HEAD OF ADMINISTERING SETTING (Block Capitals) ……

Signature …… Date ……

AUTHORISED PERSON(S) TO ADMINISTER BUCCAL MIDAZOLAM

NAME (Block Capitals) ……

Signature …… Date ……

NAME (Block Capitals) ……

Signature …… Date ……

NAME (Block Capitals) ……

Signature …… Date ……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING SETTING.

* delete as appropriate

Appendix D3

BUCCAL MIDAZOLAM ADMINISTRATION REPORT FORM

NAME OF CHILD:	**DOB:**
DATE OF SEIZURE / CONVULSION:	
TIME SEIZURE / CONVULSION STARTED: **ACTIVITY WHEN SEIZURE / CONVULSION BEGAN:** **DESCRIPTION OF SEIZURE / CONVULSION:**	
TIME BUCCAL MIDAZOLAM GIVEN: **DOSE GIVEN: ML(S) of mg(s) in ml(s) * liquid *solution** **GIVEN BY:** **ANY DIFFICULTIES IN ADMINISTRATION?** **TIME SEIZURE / CONVULSION STOPPED:**	
TIME CHILD TAKEN TO HOSPITAL: **ANY OTHER NOTES ABOUT INCIDENT (e.g. injuries to child or other parties, child sleepy):**	
SIGNED (authorised person): **NAME (print):** **DATE:** **DESIGNATION:**	

*delete as appropriate
Original to Child's Setting Record
cc: Hospital with child (where possible)
Parent
Other (specify)

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUNCTION WITH THE WHOLE DOCUMENT

Appendix E

GUIDANCE FOR SETTINGS ON THE MANAGEMENT OF DIABETES MELLITUS

Please ensure this appendix is read in conjunction with the rest of the Code of Practice No. 5 particularly section 4.2d.

Authors: James Greening Consultant Paediatric Diabetologist
Michelle Mottershaw Children's Diabetic Specialist Nurse
Maureen Burnett Medical Adviser to CYPS (Education)
Leicester, Leicestershire and Rutland
May 2010.

mpb/dm/0510

Introduction

This guidance is specifically to address the issue of the management of Insulin Dependent Diabetic Mellitus (IDDM) in children in the non-Health settings of Early Years provision or schools. The management includes testing their blood glucose levels, recording the test results, interpreting the results and the administration of insulin injections.

Over 15,000 children of school age in the UK have diabetes with approximately 400 children of school age within Leicester, Leicestershire and Rutland.

There has been a change in the way that diabetes has been managed in the last 5 years. It is now accepted that life expectancy is improved and the risk of significant long term complications reduced when a strict routine of self care and treatment is followed. In addition the new regime allows greater flexibility and promotes the independence of the child. The regime, incorporating increased blood glucose testing, insulin dose adjustment and increased frequency of the use of insulin injections, means children will need to do these activities whilst they are attending settings.

It is important that children and young people with diabetes are properly supported in the settings they attend. This may be an awareness of their independent management of their condition, through supervision to significant assistance in these activities.

This document clarifies the law as it stands in statute and relates to published guidance from the Department of Health (DH) and the DfES (now Department for Children Schools and Families). It gives general information, and details sources of further information.

Background

The Special Educational Needs and Disability Act 2001 (SENDA) (e) requires reasonable adjustments to be made to prevent the less favourable treatment of disabled pupils. Diabetes is a disability within the definition of the Act and pupils cannot be discriminated against in terms of admission, exclusion and access to education and associated services. For example a child or young person with diabetes cannot be excluded from a school visit or sports activity for a reason directly related to their diabetes (1).

The duties of SENDA are anticipatory and include planning for a pupil with medical needs. The settings managing medicines policy should show what procedures are in place to allow a pupil requiring medication during the school day, including insulin, to have access to it and for children that don't have the independence or maturity to give their own injections of insulin to be supported in this practice. This may mean your setting recruits staff with healthcare experience and/or trains volunteering staff to meet the needs of prospective pupil's medical conditions, including diabetes (2).

For information and advice about individual pupils, settings should consult with the family, the Family Health Visitor or School Nurse or the local Diabetes Support Team (3).

Process

For those who can test their blood and/or can self inject their insulin it is still good practice for the setting to know this. (See Appendices E1 and E2)

For children with diabetes who cannot perform the management activities themselves there should be the drawing up of an Individual Care Plan (ICP see appendix E4). An ICP clarifies for health and setting staff, parents and the child or young person the responsibilities and help that will be provided.

In order for a patient to have blood glucose testing, results recording and insulin administered by a setting's volunteer, all documentation, as specified, will have to completed in full and be up to date. An ICP will be developed during consultation **with the doctor at the diabetes clinic**. Blood glucose testing times and result reporting requirements will be stated. The type of insulin injector equipment, dose and times of insulin and injection site will be stated. **Any changes to the regime agreed between the patient and the doctor will be documented in an updated ICP and the doctor or diabetes specialist nurse** (Diabetes Support Team) **will inform the allotted volunteers.** The ICP will be reviewed at least yearly to see if it continues to be appropriate e.g. discontinued if self administering (use Appendices E1 and E2).

The parents are responsible for the ICP being presented to the setting along with the appropriate equipment, including the child's own 'sharps bin', supplies and medication.

Setting **staff** managing the blood testing or administration of insulin should receive appropriate **training** and support from health professionals. To support setting staff with this it is envisaged that the local Diabetes Support Team and Diabetes UK: East Midlands (5) will hold regular training and awareness sessions for setting staff working with children with diabetes (4). Once the head of the setting has identified volunteers the school should contact the Diabetes Specialist Nurse (see note 3) who will arrange the training. This would also be the process for training of new staff. Refresher sessions should be planned annually to keep staff up to date (Appendix E10).

Volunteers will be trained to the standard **to carry out the protocol** (see Appendices E8 and E9). They will keep a **copy of the appropriate protocols after their training** and their training will be **confirmed by the authorised trainer and the prescribing doctor** (Appendix E11).

Notes

1)The Disability Equality Duties (Disability Discrimination Act 2005) (d) requires schools to promote equality of opportunity between disabled persons and other persons, promote positive attitudes towards disabled persons, and take steps to take account of disabled persons' disabilities even where that involves treating disabled people more favourably than their non-disabled peers

2) To quote the Secretary for Health (a).The DfES and DH have jointly recommended to schools, in 'Managing Medicines in Schools and Early Years Settings' (2005) (b), that they should, with support from their local authority and local health professionals, develop policies on managing medicines and put in place effective management systems to support individual children with medical needs, including diabetes. The guidance advises that schools should have sufficient support staff who are trained to manage medicines as part of their duties.

3) Contact telephone numbers at Leicester Royal Infirmary 9 am – 5 pm

0116 258 6796 Diabetes Specialist Nurses Office
0116 258 7737 Consultant Paediatric Diabetologists Office

4) As well as equipping staff to fulfil the ICP drawn up for the child with diabetes needing assistance, these sessions are aimed at teachers, teaching assistants, kitchen staff, lunchtime supervisors, first-aiders and any other staff who feel they require information and advice in order to support children with diabetes in their care.

Sessions will cover:-

- Practical knowledge of diabetes
- Monitoring of blood glucose levels
- Administration of medications (including equipment)
- Treating emergency situations (including hypos)
- Access to healthy and appropriate food and carbohydrate portion estimation
- Participating in physical activity programmes
- Participating in extra curricula and social activities
- Positive case studies
- DED update/discrimination law
- Documentation (including ICP and supply of appropriate written protocol)

An example of previously held sessions in Nottingham can be found in appendix E

5) An assurance has already been given by Diabetes UK © for their participation.

References

a) Hansard June 2007
b) 'Managing Medicines in Schools and Early Years Settings' (2005)
c) Diabetes UK
d) The Disability Equality Duties (Disability Discrimination Act 2005)
e) The Special Educational Needs and Disability Act 2001

Appendix E1

Agreement for Self Testing of Blood Glucose in the Setting

Child or Young Person's Name_____
DOB_____

Self-testing of blood glucose may be carried out in settings under the following conditions:

1) All test equipment is supplied from home.

2) The setting staff are aware of approximate times for testing.

Time(s)……..

3) The child or young person carries their blood glucose testing kit or independently retrieves it from the storage location at the appropriate time.

4) The test is undertaken in an area of privacy.

5) Standard hygiene procedures are applied at all times.

6) *The child or young person self tests independently

*The child or young person self tests with minimal supervision

*(*insert details*)……will attend the setting
to do the tests

7) The child or young person will independently or with minimal supervision store all sharp objects and contaminated materials used for testing in a designated biohazard container (sharps bin) for which intermittent disposal and replacement arrangements are made in advance by the family $.

8) The child or young person records the test results independently or with minimal supervision^.

9) The child or young person independently

*interprets the results and acts accordingly or

*contacts(*insert details*)……
to interpret the results and give instructions

If none of * or ^ applicable, use Individual Care Plan.

* delete as appropriate.
$ discuss with School Nurse or local Diabetes Support Team

pto

Staff are acting voluntarily in this and staff cannot undertake to monitor equipment carried by the child or young person, and the setting is not responsible for loss or damage to any equipment.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

IF THE CHILD'S OR YOUNG PERSON'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE THE SETTING WILL PHONE 999 FOR AN AMBULANCE.

As a parent I undertake to update the school with any changes and to maintain an in-date supply of equipment.

Signed: …… Date: ……

Name of student *(if appropriate)*: ……

Signed: …… Date: ……

Name of Parent:……..

Emergency
Contact Details: **Name…….. ……** **Tel Home: ……**

Tel Work: ……

Head of Setting; Name……

Signed:
……Date:…….

Setting has original
cc Parents

As a minimum updated annually

Appendix E2

Agreement to Self- Injection of Insulin for Children or Young People with Diabetes Mellitus

Full Name of Child or Young Person ……Date of birth:……..

This person has been diagnosed as having Diabetes Mellitus. He/she requires insulin injections during school hours at the following times……

*He/she can carry their equipment and independently self administer the injections.

*He/she needs to store their equipment but can independently self administer the injections.

*He/she can carry their equipment but needs minimal supervision to self administer the injections

*He/she needs to store their equipment and *(insert name*) ……
……will attend the setting to give the injections.

Staff are acting voluntarily in this and staff cannot undertake to monitor equipment carried by the child or young person and that the setting is not responsible for loss or damage to any medication or equipment.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

IF THE CHILD'S or YOUNG PERSON'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE THE SETTING WILL PHONE 999 FOR AN AMBULANCE.

As a parent I undertake to update the school with any changes in administration of medication and to maintain an in-date supply of medicine and equipment.

Signed: ……. Date: ……

Name of Student *(if appropriate)*:……(Please print)

Signed: ……. Date: ……

Name of Parent:…….(Please print)

Emergency Contact Details: **Name** **Tel Home: ……** **Tel Work: ……**

Head of Setting; Name……

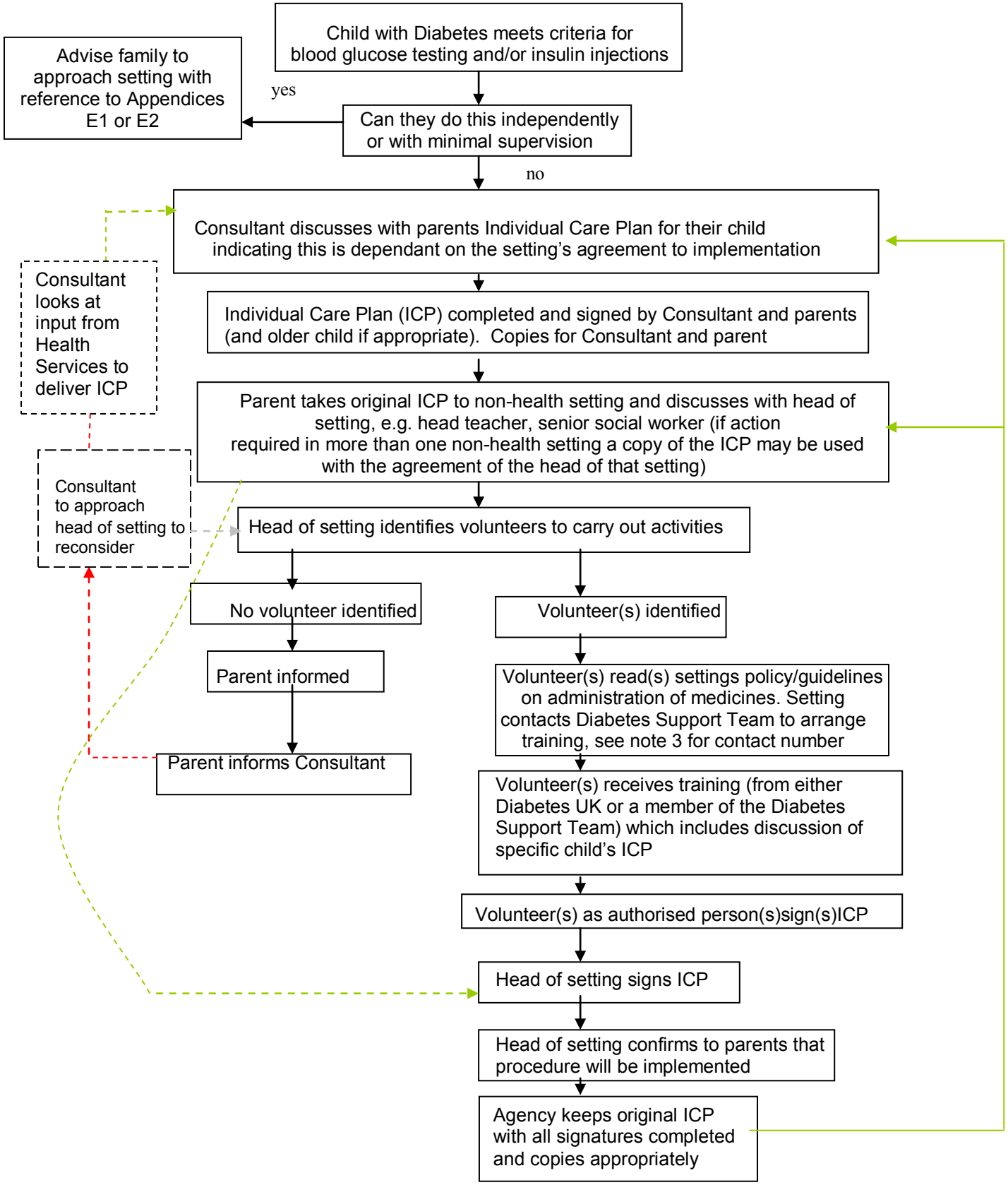
Signed: ……Date:…….

**if none applicable use Individual Care Plan*
*delete as appropriate or **if none applicable use Individual Care Plan***
Setting has original
cc Parent

As a minimum updated annually

Appendix E3

Process for Establishing or Revising an Individual Care Plan for the Management of Diabetes Mellitus in Non-Health Settings



Appendix E4

INDIVIDUAL CARE PLAN FOR THE MANAGEMENT OF DIABETES MELLITUS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY A CONSULTANT, PARENT, THE HEAD OF THE SETTING AND THE AUTHORISED PERSON.

NAME OF CHILD: …….. DOB: ……..

This plan has been agreed by the following:

CONSULTANT (Block Capitals)…….

Signature …… Date…….

PARENT/GUARDIAN (Block Capitals) ……... …

Signature …… Date…….

EMERGENCY CONTACT NUMBER:……

OLDER CHILD/YOUNG PERSON *(if appropriate)*
……

Signature…… Date……

HEAD of SETTING (Block Capitals)……..

Signature…….. Date ……

AUTHORISED PERSON(S) TO *TEST BLOOD GLUCOSE AND/OR *ADMINISTER PRE-PREPARED INSULIN INJECTION

NAME (Block Capitals)…….

Signature ……Date ……

NAME (Block Capitals)…….

Signature ……Date ……

NAME (Block Capitals)…….

Signature ……Date ……

* delete as appropriate

COPIES OF THIS SHOULD BE HELD BY
THE PARENTS, THE CONSULTANT AND THE SETTING AND
***UPDATED AT LEAST ANNUALLY**.*

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and supplies at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses testing do not progress but immediately inform the parent.

BLOOD GLUCOSE TESTING

This should be carried out by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency

□ Check the blood glucose level at *(insert times or activities)*……
……

Dispose of test strip and pricker into sharps bin.
Record on the Record Sheet.

*Report result to……Tel……..

□ Check the blood glucose level prior to insulin being given.

Dispose of test strip and pricker into sharps bin
Record on the Record Sheet.
Within the range ……give insulin dose recorded in the individual care plan.

Outside the range immediately report result to……
Tel……

Give insulin dose advised by the above person <u>on this occasion only</u>.

Record dose on Record Sheet.

□ *If testing required tick one only*
**** delete as appropriate***

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and medication at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses injection do not progress but immediately inform the parent.

INSULIN INJECTION

This should be prepared and administered by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency.

The type of insulin is prescribed as:

Penfill cartridge injection ☐

Insulin bolus via pump ☐

TYPE OF INSULIN	**INJECTION SITE**	The subcutaneous **DOSE OF INSULIN is**			
		Breakfast	***Lunch***	***Dinner***	***Other*** enter time *or activity*

Particular things to note are:-

Action to take:-

Dispose of needle into sharps bin.

After administration of insulin, please complete the Record Sheet.

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

BLOOD GLUCOSE TEST AND/OR INSULIN ADMINISTRATION RECORD SHEET

NAME OF CHILD					DOB		
DATE	TIME 24hour clock	*BLOOD GLUCOSE RESULT	*INSULIN TYPE	*INSULIN DOSE	*INJECTION SITE	SIGNED	NOTES *(eg carbohydrate estimation)*

* delete as appropriate

Original retained at setting

cc: Parent on request
Diabetes Support Team on request

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and supplies at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses testing do not progress but immediately inform the parent.

BLOOD GLUCOSE TESTING

This should be carried out by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency

□ Check the blood glucose level at *(insert times or activities)*……
……

Dispose of test strip and pricker into sharps bin.
Record on the Record Sheet.

*Report result to……Tel……..

□ Check the blood glucose level prior to insulin being given.
Dispose of test strip and pricker into sharps bin.
Record on the Record Sheet.
Within the range ……give insulin dose recorded in the individual care plan.

Outside the range immediately report result to……
Tel……

Give insulin dose advised by the above person <u>on this occasion only</u>.

Record dose on Record Sheet.

□ *If testing required tick one only*
**** delete as appropriate***

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

UPDATED Signed NAME Designation
cc: retained by health professional, given to parents. Original to setting

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and medication at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses injection do not progress but immediately inform the parent.

INSULIN INJECTION

This should be prepared and administered by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency.

The type of insulin is prescribed as:

Penfill cartridge injection ☐

Insulin bolus via pump ☐

TYPE OF INSULIN	**INJECTION SITE**	The subcutaneous **DOSE OF INSULIN is**			
		Breakfast	***Lunch***	***Dinner***	***Other*** enter time *or activity*

Particular things to note are:-

Action to take:-

Dispose of needle into sharps bin.

After administration of insulin, please complete the Record Sheet.

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

UPDATED Signed NAME Designation

cc: retained by health professional, given to parents. Original to setting

Appendix E7

BLOOD GLUCOSE TEST AND/OR INSULIN ADMINISTRATION RECORD SHEET

NAME OF CHILD					DOB		
DATE	TIME 24hour clock	*BLOOD GLUCOSE RESULT	*INSULIN TYPE	*INSULIN DOSE	*INJECTION SITE	SIGNED	NOTES *(eg carbohydrate estimation)*

* delete as appropriate

Original retained at setting

cc: Parent on request
Diabetes Support Team on request

Protocol for Blood Glucose Testing

Action	Rationale
Locate and obtain in a timely manner the child's blood glucose testing kit and sharps bin. Allow the child to do this if the child is able. Accompany the child to the area designated for testing.	Preparation in anticipation of blood glucose testing in an area of privacy.
Instruct the child to wash their fingers and dry them. Wash your hands.	Any surface contamination with glucose on the fingers will invalidate the blood glucose test. This is good hygiene.
Take a blood testing strip out of the sealed container and insert the strip in the glucose meter.	This is a pre-requisite first step in operating the glucose meter.
Check the testing strip code displayed on the meter matches that of the code on the side of the glucose testing strips.	If the codes don't match the glucose reading is inaccurate. Do not proceed but contact the parent or Diabetes Support Team.
Check on the meter the symbol is displayed that indicates that a blood sample can be applied to the testing strip.	Sometimes the meter shows an error reading in which case the testing strip should be discarded and a new strip inserted.
Take the finger pricker and place on the chosen finger tip on the outside of that finger, not on the pulp.	Close application of the finger pricker to the skin is required so that the pricker is able to penetrate the finger to the required depth. It is better to take a sample on the side of the finger as it hurts less.
Depress the firing button to prick the finger.	This draws the blood.
A drop of blood will appear that should then be applied onto the testing strip, look for the blood to be drawn up into the test strip and an icon on the meter will be displayed to demonstrate that the required blood has been drawn up. Now apply firm pressure to the prick site with a clean paper towel.	This is a pre-requisite step in operating the glucose meter. This stops the bleeding.
Read the blood glucose level from the meter.	This is the test result.
Wash your hands. Record the blood glucose level on the record sheet.	Good hygiene. This will allow analysis of blood glucose trends for later insulin dose titration.
Remove the testing strip from the meter and dispose of used blood glucose testing strip into the child's sharps bin.	Avoidance of blood contamination.
Dispose of used blood testing pricker into the child's sharps bin.	Avoidance of pricker injury or blood contamination
Place the glucose meter and finger pricker back in the case. Child and you each wash your hands.	So that the equipment is kept in one place and not lost. Good hygiene.

NOTE** this is an example of one of three protocols (for different delivery equipment) please **ensure after training you receive the correct protocol for the child concerned.

Protocol for Administration of Insulin

Action	Rationale
Locate and obtain, in a timely manner, child's insulin's administration kit. Ensure the Child is in a place of privacy. Wash your hands.	Preparation in anticipation of administration. Good hygiene.
Invert the insulin pen, plunger at the bottom. Screw on a needle and remove the needle sheath.	To puncture the seal on the insulin cartridge to allow administration of a required dose of insulin.
Tap the inverted insulin pen.	To bring any air bubbles to the top of the cartridge.
Dial up 3 units of insulin and depress the plunger to dispense an air shot, repeat this until a squirt of liquid is seen exiting the tip of needle.	To ensure that all air is expelled from the pen.
Invert the insulin pen once again through 180 degrees so that the needle points vertically downwards and **dial up the agreed dose of insulin, please see ICP.**	To ensure the correct dose of insulin is dispensed.
Select a pre-agreed site for the insulin injection, please see ICP. Expose the area of skin for injection.	To seek a safe, secure and correct place for the injection.
Lightly pinch up the skin and insert the needle at 90 degrees to the skin,	To ensure a subcutaneous injection of insulin. Insulin is absorbed best in this part of the skin.
Slowly and firmly depress the plunger of the pen and count to 10.	This ensures the administration of the full dose of Insulin.
Remove the insulin pen from the skin	To avoid any inadvertent extra insulin administration.
Do not re sheath needle. Unscrew needle. **Dispose of the needle in child's sharps bin**. **Do not dispose of the insulin pen**. Wash your hands.	Avoidance of needle-stick. Safe disposal of sharp objects in accordance with health and safety policy. Good hygiene.
Place the insulin pen back in the child's administration kit. Now let the child go back to normal activity	So stored safely for future use.
Complete record sheet.	To enable monitoring of administration of insulin and update child's health records.

Diabetes Awareness Training for School Staff
– Wednesday 14 November 2007

Programme

09.00 - 09.05	**Welcome and Introduction** Julie Orrey, East Midlands Regional Manager, Diabetes UK
09.05 - 09.20	**Disability Equality Duty update** Liz Mangle, Assistant SEN Officer, Nottinghamshire LEA
09.20 - 09.40	**Basic overview of diabetes in children** Josie Drew, Paediatric Consultant
09.40 - 10.00	**What support is available to schools** Helen Marsh, Paediatric Diabetes Specialist Nurse
10.00 - 10.20	Refreshments
10.20 - 10.40	**Hypo management** Vreni Verhoeven, Paediatric Diabetes Specialist Nurse
10.40 - 11.00	**Food & activity** Anna Clark, Dietician
	Split into 2 groups for practical demonstrations
11.00 - 12.00 (30 minutes each session)	**Pens & insulin administration** Helen Marsh, Paediatric Diabetes Specialist Nurse **Meters & blood testing** Vreni Verhoeven, Paediatric Diabetes Specialist Nurse
12.00 - 12.30	**Panel Q & A session**
12.30	**Close**

Appendix E11

RECORD OF COMPLETION OF TRAINING FOR BLOOD GLUCOSE TESTING AND /OR INSULIN ADMINISTRATION BY NON-MEDICAL AND NON-NURSING STAFF

To: Head of Setting

RE: Name of person……

Date of Birth:……

Name of setting working at……

The above named person has attended training on how to safely undertake blood glucose testing and/or administer insulin injections on date ……..…

They have completed the training to a standard to be able to comply with the agreed protocols for blood glucose testing and/or insulin administration.

AUTHORISED TRAINER
(Block Capitals)…….. Designation……

Signature …….. Date…….....
Agency…… Contact Number……

CONSULTANT
(Block Capitals)…….……

Signature …….. Date…….....

I confirm I have attended the training as recorded above:

AUTHORISED PERSON(S)
NAME (Block Capitals)…….……

Signature……...….Date……

COPIES OF THIS FORM SHOULD BE HELD BY THE CONSULTANT THE SETTING AND THE AUTHORISED PERSON.

TRAINING SHOULD BE UPDATED ANNUALLY

Summary of Updates

Annual review by SMT as programmed 09/10

Revised: 04/10

Date of next Review : 09/10

Signature(s) _____

Date_____

Andrea Webb / Amanda Chamberlain
Health and safety Advisors
0116 305 6497 / 56356