



Children's Hospital School

# Administration of Medicines Policy

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Approved by: Curriculum and Standards Committee

Date of next review: April 2022

Chair of Committee: Mrs. Jill Townsend

Signed: *J. Townsend*

## Administration of Medication

### **Aims**

At The Children's Hospital School, we are committed to ensuring, as far as possible, that every child may access education despite their medical needs. The purpose of this paper is to put effective management systems into place to support pupils requiring medication at school; whilst recognising the voluntary role of staff.

### **Objectives**

It is important that systems should be based on close co-operation between the School, parents/ carers and health professionals. This policy will cover only day school and home tuition.

### **General**

Medicines should only be taken to school when essential – i.e. where it would be detrimental to a child's health if the medicine were not administered during the school day.

Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber may be administered. Medicines from any other source, e.g. over the counter medicines will not be administered by staff. It will be necessary for parents/carers to administer this prior to the child's attendance at the school or to arrange to be present in order to administer medication on site. Medicines must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

**The Children's Hospital School will not accept medicines that have been taken out of the containers originally dispensed, nor make changes to dosages on parental instructions.**

### **Administration procedures**

- No medicine will be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and The Children's Hospital School has indicated that it is able to do so (see sample proforma Appendix A).
- All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians are responsible for updating the college of any changes in the administration for medication and for maintaining an in date supply of the medication. If this is not the case, the previous instructions will be followed.

**A child under 16 should not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor as stated in the LA guidance.**

1.3 Children with long term illness should, whenever possible, seek complete responsibility under the supervision of their parents for the administration of medicines. Where it is agreed by the parents and teachers, some medications or related products e.g. inhalers will be carried by the child for self-administration. All other medicines, except emergency medication, should be kept securely in the School Office.

**1.4 All emergency medicines such as asthma reliever inhalers/adrenaline pens should be readily available to children and should not be locked away.**

All other medicines except emergency medications and inhalers should be kept securely in the School Office.

Any unused or time expired medication will be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these should be kept in safe custody.

1.5 Medicines should be administered by a named individual member of school. A witness will be present who should also sign the appropriate form.

1.6 Emergency medication and reliever inhalers must follow the child at all times. Children will carry their own emergency treatment. 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. In these circumstances the spare medication will be kept securely in the School Office. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.

1.7 If a child refuses to take medicine, staff will not force them to do so but will note this in the records and follow agreed procedures in respect of the individual child. Parents will be informed of the refusal on the same day and if the refusal to take medicines results in an emergency, the school emergency procedures will be followed, which is likely to be calling an ambulance to get the child to hospital.

1.8 No medication will be administered to any child who is an inpatient or being provided home tuition. This will be the responsibility of the parent/carer or medical staff.

## 2. Record Keeping

2.1 The Children's Hospital School will keep written records of all medicines administered to children and make sure that this is signed to acknowledge the administration of medication.

2.2 Incorrect administration of dosage – The incident will be notified to the LA using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned will be taken to hospital as a matter of urgency and a review/investigation will be carried out.

## 3. Hygiene and Infection Control

3.1 All first aid staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment.

## 4. Long Term Medication

4.1 It is important to have sufficient information about the medical condition of any child with long term medical needs.

4.2 Parents/Carers must use the attached proforma (Appendix A) to report any changes in medication to the school.

4.3 With parental/carer's permission, it is sometimes helpful to explain the use of medication to a number of students in the class in addition to the affected child so that peer group support can be given.

## 5. Injections

5.1 There are certain conditions e.g. diabetes mellitus, bleeding disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injects. Where this is not possible, they should be given by their parents or a qualified nurse. It is not envisaged that it would be necessary to give injections in school unless the child is on a school visit or advised by medical professionals.

## 6. Emergency treatment/procedures

6.1 The Children's Hospital School has arrangements in place for dealing with emergency situations. All staff know who is responsible for carrying out emergency procedures in the event of need. **If parent/carer's are not available, a member of staff will accompany a child to hospital by ambulance and will stay until parent/carer arrives or is reasonably practical.** In the event of an emergency/accident, which requires a child to be treated by health professionals, (doctor/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents are not available.

**Staff will not take a child to hospital in their own car unless directed to be the emergency services. In this event two members of staff will accompany the student. When emergency treatment is required, medical professionals or an ambulance will always be called immediately. On the occasions where an**

**injury is not life threatening but staff consider that medical treatment is required, parents/carers will be informed.**

- No emergency medication should be kept in school except those specified for use in an emergency for an individual child.
- Advice for school staff about individual children may be provided by the school nurse.
- Storage must be in accordance with 1.4 on page 2. These medications must be clearly labelled with the child's name, the action to be taken with the route, dosage and frequency and the expiry date.
- If it is necessary to give emergency treatment, a clear written account of the incident will be given to the parents/carers of the child and a copy retained in the school.

6.2 In accordance with 6.1 above:

- If it is known that an individual child is hypersensitive to a specific allergen, e.g. wasp stings, peanuts etc., a supply of antihistamines or adrenaline injection (when specifically prescribed) should always be made available. Immediate treatment needs to be given before going to the nearest emergency hospital/or calling an ambulance. Notes regarding the protocol for establishing the administration of adrenaline injections and a consent form are included in Appendix B.
- A supply of 'Factor Replacement' for injection should be kept in school where it is required for children suffering from bleeding disorders. 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/carers should be contacted immediately. If contact cannot be made, emergency advice can be obtained between 0900 and 1700 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 2586500.

**No treatment can be given at The Children's Hospital School by school staff in the event of a child having a fit by administering rectal diazepam or buccal midazolam. Emergency services /parents only can administer rectal diazepam or buccal midazolam if needed.**

- A supply of glucose (gel, tablets, drink, Hypostop etc) for the treatment of hypoglycaemic attacks should be provided by parents/carers and kept in the School Office. Where any student suffers from diabetes mellitus. If administration of glucose is needed, parents/carers will be contacted to make them aware. If a second attack occurs within 3 hours, the treatment will be repeated and the child taken to the hospital. Parents will be contacted.
- It is important for students with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties.

## **7. Off Site Education / Work Experience Staff**

7.1 The Children's Hospital School is responsible for ensuring that work experience placements are suitable for students with a particular medical condition. The Children's Hospital School ensure that a risk assessment is in place for a young person who is educated off site or who has a work experience placement.

7.2 Responsibilities for risk assessments remain with the school. Where students have special medical needs, the school will ensure that such risk assessments take into account those needs.

Parents/carers and students must give permission before relevant medical information is shared, on a confidential basis, with employers.

## **8. Off Site Trips/visits**

8.1 Staff supervising trips/visits will always be aware of any medical needs and relevant emergency procedures. A copy of any healthcare plan should be taken on visits in the event of the information being needed in an emergency.

8.2 Wherever possible, students should carry their own reliever inhalers or emergency treatment but it is important that the named person is aware of this.

## **9. Parents / Carers**

9.1 Parents should be given the opportunity to provide the school with sufficient information about their children's medical needs if treatment or special care is needed. They should, jointly with the Business Manager reach an agreement on the school's role in supporting their child's medical needs. This information will be recorded on the child's SIMS record.

## **10. Health Services**

10.1 The school nurse will help the school draw up individual health care plans for students with medical needs and may be able to supplement information already provided by parents and the child's GP. The nurse will also be able to advise on training for school staff on administering medicines.

## **11. Documentation**

### 11.1 Appendix A – Request for Administration of Medicines

Record of Medicine Administered to an Individual Child

### 11.2 Appendix B - Administration of a Pre-prepared Adrenaline Injection in Response to

Anaphylaxis:

Advice Protocol

Individual Care Plan (Agreement)

Administration Report Form

### 11.3 Appendix C - Guidance for dealing with the Management of Diabetes Mellitus:

Agreement for Self Testing for Blood Glucose

Agreement to self-injection of insulin

Individual care plan

Administration Report Form

Protocol

Record of completion of training

# Appendix A

APPENDIX A

**CONFIDENTIAL - REQUEST FOR ADMINISTRATION OF MEDICINES (GENERAL CARE PLAN)**

Parent / Carer of: \_\_\_\_\_ (full name of child)

My child has been diagnosed as having: \_\_\_\_\_ (name of illness)

He/she is 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 of their prescribed medication (delete as appropriate)

Could you please therefore administer the medication as indicated above

Dosage: \_\_\_\_\_ at: \_\_\_\_\_ (time) with effect from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)\* (\*delete if long term medication)

The medicine should be administered by mouth / in the ear / other \_\_\_\_\_ (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 also undertake to update emergency contact details.

I understand that no medication is to be carried by any student within the school except emergency medication which will be near the child at all times. All other medication will be stored by the school and dispensed voluntarily by staff to the student.

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

Signed: ..... Date: .....

Name of parent/carer: ..... (please print)

Contact details:

Home: ..... Work: ..... Mobile: .....

APPENDIX A – 1

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

**Name of school:** The Children's Hospital School.....

**Name of child:** .....

**Date of medicine provided by parent:** ...../...../.....

**Reg Group:** .....

**Quantity prescribed and received**                      Prescribed: \_\_\_\_\_ Received: \_\_\_\_\_

**Name and strength of medicine:** .....

**Expiry date of medication:** ...../...../.....

**Quantity returned to parent:** .....

**Dose and frequency of medicine:** ...../...../.....

Staff signature: \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_

<b>Date</b>	...../...../.....	...../...../.....	...../...../.....
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Name of Staff</b>			
<b>Witness Name</b>			
<b>Witness Signature</b>			



# Appendix B

## APPENDIX B

### **PROTOCOL FOR ESTABLISHING THE ADMINISTRATION OF ADRENALINE INJECTIONS IN RESPONSE TO ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)**

#### **Training of School Volunteers**

1.1 School volunteers will not be expected to deliver adrenaline injections.

#### **Parent Involvement / Counselling**

2.1 Useful information from the parent might include the nature of the allergic reactions and the provoking allergens.

2.2 As it cannot be guaranteed that food provided in school is free of all traces of allergens, the school will where ever possible ensure that food provided is allergen free. Children will have the option of bringing a packed lunch if required.

#### **Training of Other Groups**

Wherever possible peers will be made aware of the child's condition and how they should respond (alerting school staff speedily in the event of an anaphylactic reaction occurring). All school staff will be similarly aware.

## APPENDIX B

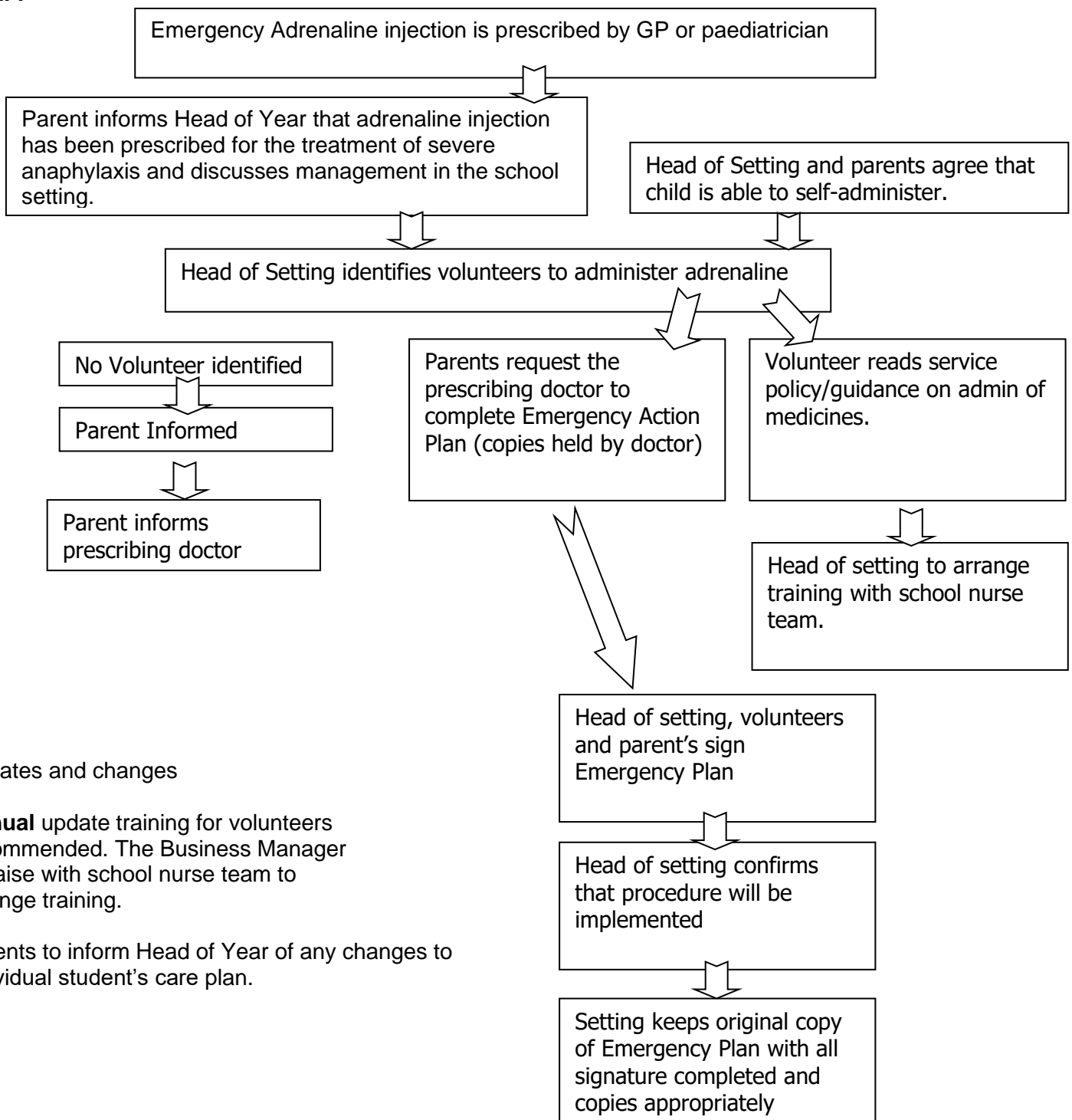
### **ADMINISTRATION OF A PRE-PREPARED ADRENALINE INJECTIONS IN RESPONSE TO ANAPHYLAXIS**

#### **Process for health staff to support non-medical and non-nursing staff in non-health settings**

1. It is the parent's responsibility to raise the issue with the Headteacher who should then raise it with the Business Manager.
2. When a child is able to self-administer, the Business Manager, with the parents will decide whether training of volunteers is required.
3. When a child is unable to self-administer, the Business Manager and Curriculum Manager will then identify (a) volunteer(s) to undertake training and subsequent administration of the prepared adrenaline injection.
4. If no volunteer(s) is/are identified, the parent will 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.
5. If (a) volunteer(s) is/are identified, the Business Manager will then liaise with the health professionals e.g. NHS School Health Nurse to arrange a mutually convenient date for training. The standard anaphylaxis training place available across LLR should be used.
6. An individual care plan will 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.
7. Following the training, the volunteer(s) sign(s) the training record and the individual care plan. The Business Manager/NHS School Health Nurse then signs the individual care plan. The original remains with the school.
8. If any details in the care plan change e.g. EpiPen rather than EpiPen Junior required, it is the parent's responsibility to inform the Business Manager. If a new individual care plan is required, then the process above must be discussed by those parties and the individual care plan completed as appropriate.
9. It is recommended that update training of volunteers should take place on an annual basis. Business Manager will request and negotiate this with the appropriate health professional.

APPENDIX B

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



Updates and changes

**Annual** update training for volunteers recommended. The Business Manager to liaise with school nurse team to arrange training.

Parents to inform Head of Year of any changes to individual student's care plan.

APPENDIX B

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

Individual Care plan

Name of child/adult: \_\_\_\_\_ DoB: \_\_\_\_\_

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

Named volunteers within the school setting have received their annual training and will administer the adrenalin injection if one is provided by the person/parents within the terms of the training they have received.

This plan has been agreed by the following:

Parent/Carer Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Head of Establishment \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Business Manager

Manager Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX B

**Report form following emergency injection of pre prepared adrenalin**

**THIS FORM MUST BE COMPLETED AT TIME OF EMERGENCY AND SENT TO THE HOSPITAL WITH THE CHILD/ADULT**

Name of child/adult: \_\_\_\_\_ DoB: \_\_\_\_\_

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

Date of emergency: \_\_\_\_\_ Time of emergency: \_\_\_\_\_

Time 1st dose given: \_\_\_\_\_

Time 2nd dose given: \_\_\_\_\_ (if prescribed)

Time ambulance called: \_\_\_\_\_

Time ambulance arrived: \_\_\_\_\_

Description of symptoms:

Adrenalin given by: \_\_\_\_\_

Signed: \_\_\_\_\_

Site of injection: \_\_\_\_\_

Any problems encountered: \_\_\_\_\_

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Form completed by: \_\_\_\_\_ signed: \_\_\_\_\_

Copy to be given to parents, to hospital and a copy for records

# Appendix C

## APPENDIX C

### **GUIDANCE FOR DEALING WITH THE MANAGEMENT OF DIABETES MELLITUS IN THE SCHOOL SETTING BY VOLUNTEERS**

It is important that children and young people with diabetes are properly supported in the school they attend. The Special Educational Needs and Disability Act 2001 (SENDA) requires reasonable adjustments to be made to prevent the less favourable treatment of disabled students. Diabetes is a disability within the definition of the Act and students cannot be discriminated against in terms of admission, exclusion and access to education and associated services.

#### **Process**

For those who can test their blood and/or can self-inject their insulin it is still good practice for the school to know this by completing forms Appendix C1 and Appendix C2. For those who cannot perform the management of activities themselves there should be a drawing up of an Individual Care Plan (ICP) (Appendix C4).

In order for a student/adult to have blood glucose testing, results recording and insulin administered by the school's volunteer, all documentation will have to be completed in full and be up to date. The ICP will be developed during consultation with the doctor at the diabetes clinic. When changes are made, an updated ICP will need to be completed and the diabetes nurse will inform the authorised volunteers at the school.

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

School staff managing the blood testing or administration of insulin should receive appropriate training and support from the health professionals. The Diabetes Specialist Nurse will arrange the training and annually update. Record of training (Appendix C7)



APPENDIX C1

**AGREEMENT FOR SELF TESTING FOR BLOOD GLUCOSE IN THE SETTING**

Child or Young Person's Name: \_\_\_\_\_

Child or Young Person's Name: \_\_\_\_\_

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
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 (delete as appropriate)
7. The child or young person will independently or with minimal supervision store all sharp objects and contaminate 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 /contact a designated person to interpret the results and given instructions.

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 \_\_\_\_\_ (please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent \_\_\_\_\_ (please print)

Emergency contact details

Name: \_\_\_\_\_ Tel Home: \_\_\_\_\_

Tel work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Business Manager

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Setting has original – copy to parents

APPENDIX C2

**AGREEMENT TO SELF-INJECTION OF INSULIN FOR CHILDREN OR YOUNG PEOPLE WITH DIABETES MELLITUS**

Full name of child/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 he/she 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 the 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: \_\_\_\_\_ Home tel: \_\_\_\_\_

Work tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Business Manager

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ (please print)

*\*delete as appropriate or if none applicable, use Individual Care Plan  
Setting has original, copy to parents*

### APPENDIX C3

TO BE COMPLETED BY A CONSULTANT, PARENT, STUDENT ENGAGEMENT MANAGER AND THE AUTHORISED PERSON

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

This plan has been agreed by the following: (BLOCK CAPITALS)

#### **CONSULTANT**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PARENT/CARER**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **BUSINESS MANAGER**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Emergency Contact number:**

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

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

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: \_\_\_\_\_

*\*Delete as appropriate  
Copies of this should be held by the parents, the consultant and the setting and updated at least annually*

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

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 and activities)

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

\*report the 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:

Name \_\_\_\_\_ Tel: \_\_\_\_\_

Give insulin dose advised by the above person on this occasion only.

Record dose on record sheet

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

APPENDIX C4

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.**

<u>INSULIN INJECTION</u>
<i>This should be prepared and administered by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency</i>
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

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 C5

**BLOOD GLUCOSE TEST AND/OR ADMINISTRATION RECORD SHEET**

Name of Child				DOB			
Date	Time 24hr clock	Blood Glucose Result	Insulin Type	Insulin Dose	Injection Site	Signed	Notes

*\*delete as appropriate*

Original retained at setting

cc parent on request  
Diabetes Support Team on request

APPENDIX C6

**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**

<b>Action</b>	<b>Rationale</b>
Locate and obtain, in a timely manner, child's insulin 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 the needle.	To ensure all the air is expelled from the pen.
Invert the insulin pen once again through 180 degrees so that the needle points vertically downwards and <b>dial up the agreed dose of insulin, please see ICP.</b>	To ensure the correct dose of insulin is dispensed.
<b>Select a pre-agreed site for the insulin injection, please see ICP</b> expose the area of skin for injection.	To see a safe, sure 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.
<b>Do not re sheath the needle.</b> Unscrew the needle. <b>Dispose of the needle in the child's sharps bin.</b>	. Avoidance of needle stick. Safe disposal of sharp objects in accordance with

<b>Do not dispose of the insulin pen.</b> Wash your hands.	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.

APPENDIX C7

To: Business Manager

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 \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact no.: \_\_\_\_\_

CONSULTANT \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm I have attended the training as recorded above:

AUTHORISED PERSON(S) NAME \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*TRAINING SHOULD BE UPDATED ANNUALLY*