Medication Policy

Person Responsible for Policy ____ Senior Leadership Team _____
Date Policy Written ____ March 2020 _____
Date Approved by SLT ____ December 2020 _____
Date Approved by Trustees/ _____
Date to Review 1 _____March 2022_____

Date to review 2 _____March 2023_____

Date to review 3 _____March 2024_____

Version	Date	Status & changes	Author
1	06.03.2020	Approved	AG
2	17/03.22	Approved	AG
3	19/09/23		AG

What you must do to comply:

- Must ensure emergency medication remains with the child at all times during the day.
- Must have a formally recorded care plan agreed by parents for children with specific diagnosed medical conditions, this must include emergency procedures and consenting signatures. Copy of this must be available at site.
- Must ensure medication stored on site is clearly labelled in the original container with instructions relating to the individual.

What you should do to comply:

- Where appropriate back up emergency medication on site.
- Should cross reference with other relevant guidance:

    - ✦ e.g. First Aid in the Workplace
    - ✦ Educational Visits and Adventurous Activities

- Identify staff and support those who supervise pupils with specific individual medical needs.

SEEK ADVICE

- Carer/parents
- Medical professionals
- If you have concerns regarding insurance ie, if the task falls outside the Local Authority insurance guidance cover - consult with Insurance Department at County Hall. Tel. 0116 3057658, / 0116 3056516

INTRODUCTION

Legal Position

Staff who volunteer to administer medicines to pupils in School do so consentingly with the reassurance that they are acting within the scope of their employment. There is no obligation on staff to volunteer to administer care/ medicines but reassurance from the Insurance Department at County Hall can be investigated further – Contact details on P11

Some contracts of employment do acknowledge that specific tasks/nursing requirements are needed within certain settings. Staff not having specific contract are acting as volunteers. The expectation should not necessarily be upon the First Aid trained staff within School settings to effectively administer medicines and/or medical procedures.

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

Negligence

"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).

Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against Stephenson Studio School / 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 Stephenson Studio School, then Stephenson Studio School will identify 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 Stephenson Studio School.

For Academies that do not buy back medical malpractice insurance, liability will rest with that establishment. For Further details contact Leicestershire County Council Insurance section. Contact details on page 11.

Criminal Liability

In very rare circumstances criminal liability may arise if a member of staff was to be grossly negligent and as a result a pupil is seriously injured or dies. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk of serious injury or harm.

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.

This guidance has been updated and agreed by the Children and Young People's Service (CYPS) Health and Safety Committee. Ongoing revision is effectively taking place as part of a current working group.

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 cream will be carried by the child for self-administration.**

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 supervised/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 but record this if they refuse offer.**
- If the school has any concerns call an ambulance to get the child to hospital.
- Parents/guardians should be informed immediately

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.

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.

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 (refer 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

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Refer to Appendix B2. (AGREED ON 5/10/2011 where prescribed, a second EpiPen could be administered)

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 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)

SCHOOL VISITS

5.1.1 Detailed advice and guidance regarding school visits is given in Guidance for the Conduct of Educational Visits and Adventurous Activities.

5.1.2 As required in the guidance 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.

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 guidance 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.

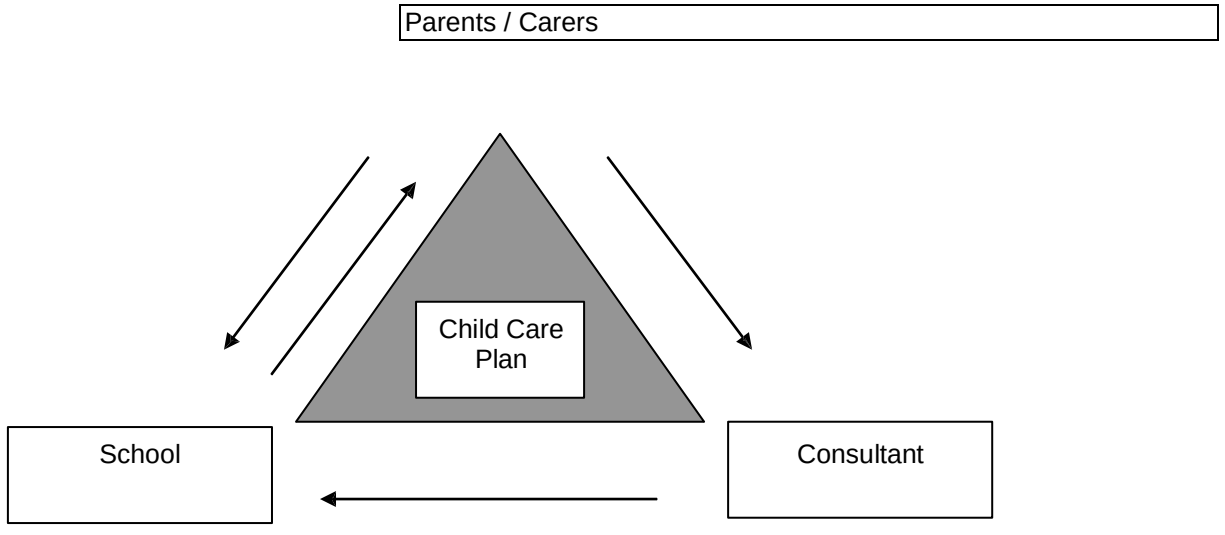
IMPLEMENTATION & REVIEW

6.1 This document constitutes the approval of Leicestershire Local Authority medicines group meeting 9/3/2012. It is proposed at the Children and Young People's Service (CYPS),
Safety Committee 14/6/2012 taking into account Managing Medicines in School and Early Years settings 2005. This policy supersedes previous guidance documents.

7 DOCUMENTATION

7.1	Appendix A	General Care Plan / Parental consenting signatures (schools)
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
		Revised protocol – see summary
	Appendix C	
7.3		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. Buccal 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

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 forms:- 'Designated Professional' also allows for Registrar or Specialist Nurse to complete forms on behalf of named…….. (to be completed) ….....consultant.

Parent - also indicates legal guardian and/or carer where appropriate.

Appendix A

General Care Plan/ Parent/Guardian/Carer CONSENT FORM

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

Guideline for non-medical staff to administer pre-prepared Adrenalin injections in response to anaphylaxis Process

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. head teacher, 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 Leicester, Leicestershire and Rutland should be used.

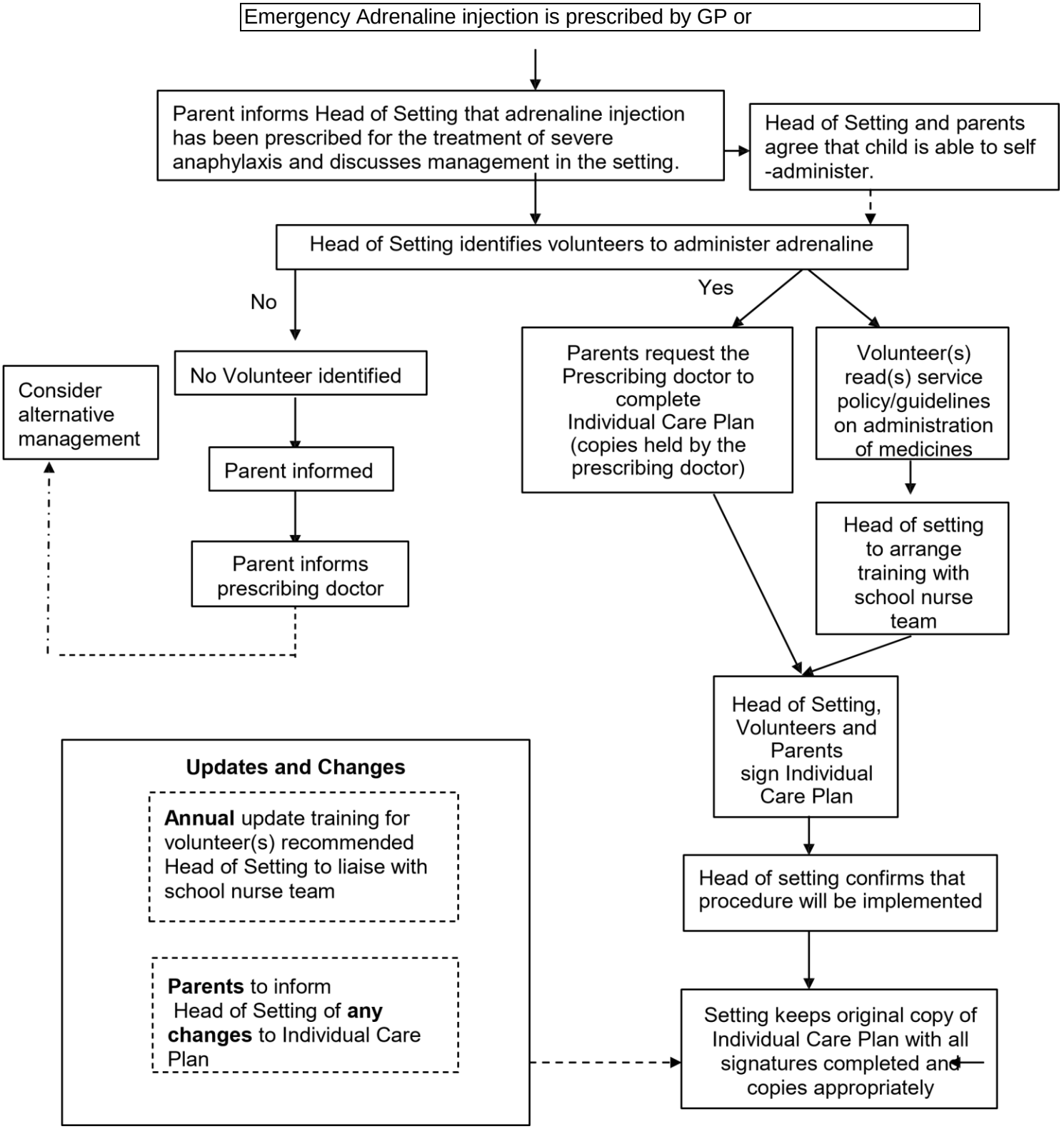
7. The parents need to request that an Individual Care Plan is completed by the doctor who prescribed the pre-prepared adrenalin device.

8. The health professional training the volunteer(s) 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. 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.

Flow-chart of process to enable non-medical staff to administer pre-prepared Adrenalin injections in response to anaphylaxis



INDIVIDUAL CARE PLAN (Page1 of 2)

FOR THE ADMINISTRATION OF PRE-PREPARED ADRENALINE INJECTION AS TREATMENT FOR ANAPHYLAXIS BY NON-MEDICAL/ NON-HEALTH STAFF

TO BE COMPLETED BY PRESCRIBING DOCTOR

NAME OF CHILD:

Date of birth:

This child has been identified as having a severe allergic reaction to:

Please circle the prescribed devise/devices:

Epipen Jr 0.15mg **Jext 150mcg**

Epipen 0.30mg **Jext 300mcg**

Other (inc.dose)

ACTION

In the event of a suspected anaphylactic reaction:

GIVE DOSE OF PRE-PREPARED ADRENALINE INJECTION*

THEN PHONE 999 FOR AN AMBULANCE

stating "child with anaphylaxis"

A second dose using a second prescribed device can/cannot^ be given after…….minutes if:

^to be completed by prescribing doctor

Note exact time and name of device and give, with the device, to the ambulance or hospital staff

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

Symptoms

His/her previous symptoms have been*:

*previous reactions do not necessarily predict subsequent one:

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

Breathing:

- **Difficulty swallowing**
- **wheezy**
- **hoarse voice**
- **shortness of breath**
- **stop breathing**

Circulation:

- **Pale**
- **clammy**
- **complaining of feeling faint**
- **dizzy**

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

The parents will be responsible for informing doctors and anyone else who needs to know if a pre-prepared adrenaline injection has been given.

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

Appendix B2 continued

INDIVIDUAL CARE PLAN (Page2 of 2)

PRESCRIBNG DOCTOR COMPLETING INDIVIDUAL CARE PLAN

NAME: ……Tel No:……..

Signature: ……Date _____ / _____ / 20____

Designation ……

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

PARENT/GUARDIAN

NAME: ……Tel No:……..

Signature: …… Date_____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: ……

Signature: ……Date_____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER PRE-PREPARED ADRENALINE INJECTION

NAME: ……

Signature: ……Date_____ / _____ / 20_____

NAME: ……

Signature: ……Date _____ / _____ / 20_____

NAME: ……

Signature: ……Date_____ / _____ / _____
20

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

Appendix B3

REPORT FORM

Following emergency injection of pre-prepared adrenalin

NAME OF CHILD:

Date of birth:

NB
Please copy this form and send to hospital with child if possible.

Date of allergic reaction: ____/____/_____

Time reaction started: ____:____ hrs

Time 1st dose adrenalin given: ____ :____ hrs

Time 2nd dose adrenalin given: ____ :____ hrs*
*If prescribed

Time ambulance called: ____:____ hrs

Time ambulance arrived: ____:____ hrs

Trigger for reaction (ie food type / bee-sting)

Description of symptoms of reaction:

Any other notes about incident (e.g. child eating anything, injuries etc)

Please circle the prescribed devise used:

Epipen Jr 0.15mg **Jext 150mcg**

Epipen 0.3mg **Jext 300mcg**

Other (inc.dose)

……

Adrenalin given by:

Site of injection:

Problems encountered:

FORM COMPLETED BY:

NAME(print…….. **SIGNATURE: ……..**

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 and/or signed by Designated Professional (state relationship with consultant). PARENT and HEAD OF THE ADMINISTERING SETTING to ensure names are CLEARLY PRINTED.

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.*

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: On behalf of named Consultant

CONSULTANT/DESIGNATED PROFESSIONAL (Block Capitals) ……
(State professional capacity eg Consultant, Neurologist, Registrar/ Specialist Nurse)

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, CONSULTANT/DESIGNATED PROFESSIONAL AND THE ADMINISTERING SETTING.

* delete as appropriate

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)

GUIDANCE FOR SETTINGS ON THE MANAGEMENT OF DIABETES MELLITUS

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

For students with diabetes who cannot perform the management activities themselves or who need support there should be the drawing up of an Individual Care Plan.

This will be drawn up at a meeting between the diabetic specialist nurse, parents and designated medical needs lead.

The parents are responsible for notifying the specialist diabetic team prior to the student attending school setting, so that a meeting can be organised to draw up the mutually agreed ICP and any required training organised. Parents are also responsible for providing 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.

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 favorably than their non-disabled peers

2) To quote the Secretary of State for Health (a).The DfES and the 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 Pediatric 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)

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 200