MUXTON MEDICATION IN SCHOOL POLICY

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Appendix 1. Policy for the administration of medication in schools

1. THE LAW

1.1 Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This includes procedures for supporting pupils with medical needs including managing prescribed medication.

1.2 The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

1.3 The teacher's general duty to act "in loco parentis" is also relevant in deciding whether what is being requested is what would be expected of a reasonable parent in the same circumstances.

2. KEY ACTION POINTS:

- The Head teacher is responsible for developing and regularly reviewing the school's medication policy and related procedures, ensuring that staff are made aware of and adhere to them.
- These policies and procedures should be outlined to parents in either the school prospectus or other information parents receive so they know what happens if their child needs medication at school.
- Ensure that medicines are kept safely whilst in school in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

3. POLICIES & PROCEDURES FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

The policy states:

- Whether the Head teacher accepts responsibility for school staff giving or supervising children taking prescribed medication whilst at school. There is no legal duty that requires school staff to administer medication; this is a voluntary role. However, school will endeavour to co-operate with reasonable and justified requests from parents so that their children need not miss out on their educational opportunities.

  Understanding the current legal position, the Council's insurance arrangements, the ability to provide appropriate training where necessary and following these guidelines should ensure that the risk of acting negligently is kept to an absolute minimum. Each request needs to be considered on its merits having regard to the best interests of the pupil but also the implications for the school, especially the staff. Whether agreeing or refusing to administer medicines in school, the Head teacher's decision will be defensible if it is clear that s/he has acted reasonably.
- Circumstances (if any) when children may take non-prescribed medication e.g. pain killers
- Help for pupils with long term medical needs
- The need for written agreement from parents/guardian for administration of any medication
- Where pupils have chronic conditions the need for the school to have information about these so that a care plan can be considered
- Policy on the pupils carrying and taking medication themselves
- Staff training in dealing with medical needs
- Record keeping
- Storage and access to medication

3.1 Short term medical needs

Some pupils who are well enough to return to school may need to finish taking a course of antibiotics or apply lotion at the end of a prescribed course. This should only happen when absolutely essential and with their parent's written consent and where prescribed four times a day. Where feasible medication should be taken before or after school. Alternatives would be to make arrangements to go home at lunchtime or for the parent to come to school to administer medication.

3.2 Non-prescription medication e.g. pain relievers

Pupils suffering from occasional discomfort such as headache or period pain sometimes ask for painkillers e.g. Aspirin or Paracetamol.

Specific staff should be authorised to issue pain relievers who should adhere to the following:

- Staff will not give any medication to pupils under 16 without the parent's consent.
- A child under 12 should never be given Aspirin, unless prescribed by a doctor.

- Regardless of age enquiries must always be made as to whether the pupil is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
- Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose of pain reliever was taken so that the stated dose is not exceeded.
- The pupil should be supervised whilst taking tablets to ensure that they are swallowed and not accumulated.
- A written record of the dates and times of each administration is made in the Administration of Medicines Record (Section 12). Frequent requests for analgesia should be raised with the pupil's parent so that further medical assessment can be made.
- Supplies of Paracetamol must be kept secure.

3.3 Long term medical needs

Long term medical conditions need to be properly managed to allow maximum attendance and participation at school by the pupil. An **individual health care plan** can help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. The school needs concise but detailed information about a pupil's medical needs from their parent in conjunction with the child's doctor. The recommendations of the DfE publication Managing Medicines in Schools and early years settings are complied with.

Schools catering for some pupils with complex medical problems, managed by regular medication both at home and at school and some requiring specialist nursing care, will have their own detailed arrangements. This guidance is not intended to override or modify these already established arrangements in such schools.

3.4 Record Keeping

No pupil under the age of 16 should be given medication without the parent/guardian's written consent. Parents should complete Med 1 (Section 11) if medication is needed to be administered whilst at school.

It is best to keep an Administration of Medicines Record with all medication information in it as evidence that staff have followed the procedures – a pro forma is given in Section 12. Once medication is no longer required the form Med 1 can be placed in the pupil's personal file for the same purpose.

3.5 Self Management

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this provided the safety of other pupils is not compromised. If pupils can take medication themselves then staff may only need to supervise this.

3.6 Refusing medication

No pupil should be forced to take medication. The school should inform the child's parents/carers as a matter of urgency of any refusal and call an ambulance if necessary.

4. DEALING WITH MEDICINES SAFELY

4.1 The Head teacher is responsible for ensuring that pupils have access to their medicine when it is needed.

4.2 Medication that has to be stored at school must be stored securely but in a location known to the pupil who knows who to go to for access. Some medication may need to be refrigerated.

4.3 Children who have access to their Inhalers/Epipen at home and are competent at administering their own medication should be allowed to carry their Inhaler/Epipen around with them at school. Most secondary pupils should be mature enough to carry their own Inhalers/Epipens as they do their diabetic kit.

4.4 In Muxton School, Inhalers should be kept in the class teacher's unlocked drawer in a well disciplined classroom if children are not sufficiently mature to carry their own. Epipens are stored in the school office in labelled plastic containers. Access to the medication must be achievable within one minute of the child needing it.

4.5 If any pupils with diabetes have to test sugar levels during the day by using a lancet and blood stick – a Sharps box should be provided by the parents (it is free to them from the NHS and when it is full the parents should be requested to remove it for safe disposal as instructed to them by their child's Diabetic Nurse).

4.6 Parents are responsible for supplying medication in the smallest practicable amount in the original packaging in which it was prescribed, clearly labelled with the pupil's name, contents, dosage and date.

4.7 Parents must inform the school of any changes in medication such as change of dosage or if that medication has been stopped.

4.8 Parents should collect medication that is no longer needed or date-expired medication, as it is their responsibility to dispose of it.

4.9 Procedure for misadministration of medication

- Upon the discovery of medicines being given to the wrong child, or when the incorrect dosage has been given (under or over dosing), immediately contact a first aider, then Head/Deputy Teacher or must be notified. **Never leave the child unattended**.

- In the event of the child receiving the incorrect medication, going into unconsciousness, or displaying severe signs or systems of a reaction to that medication, an ambulance must be summoned immediately (dial 999). Details of the medication, dose given and time given must be given to the ambulance crew or doctor. A member of staff must escort the child transferred to hospital.

- Advice must be sought from a Doctor or pharmacist on the best course of action to take. The advice given must be followed and records made on the child's file.

- Contact the parents/carers of the children affected as soon as possible.

- While waiting for medical help the child concerned **must be supported by a fully qualified First Aider, at all times.**

  - Upon seeking advice then a full record must be kept, details must include:
  - Date and time doctor consulted
  - Name of the doctor
  - Details of what happened
  - Advice given
  - Details of any signs, symptoms or reactions

- Unless otherwise informed, regular checks must be made on the child concerned and other support staff made aware of what happened. Records must be kept of each time the child concerned is checked.

- If the incident falls under RIDDOR then the HSE must be informed, in accordance with RIDDOR guidelines. Notify Health and Safety unit as soon as possible to discuss incident and in turn who will notify HSE.

- No medication which was administered incorrectly should be disposed of. This is in case the child who received the medication dies and an inquest is held. This is for a period of 7 days after death.

- If the medication wrongly administered to a child, belongs to another pupil, then medical advice must be sought by the head/deputy teacher via a registered practice doctor or out of hours, on the best course of action following the missed medication.

- An investigation must take place after the incident to include a full review of all risk assessments, current practices and the policies & procedures governing the management of medication, in order to stop further incidents from occurring.

- The head/deputy teacher must debrief and support the person, who administered the medication incorrectly, and take the appropriate course of action, as required, which may included retraining.

- If repeat incidents are made by the same member of staff then seek further guidance from whoever provides your HR advice.

- The Misadministration of Medication Incident Form must be completed with a copy sent to your H&S Advisor (Med 3)

5. INSURANCE

Staff are often concerned as to whether they are covered by Council insurance to administer medication – the answer is yes, provided that they act in good faith, within the limits of their authority and observe the policy terms and conditions.

6. EMERGENCIES

6.1 Emergencies (whatever the cause) should always be treated as such. If a pupil develops anaphylactic shock, severe breathing difficulties, severe bleeding or becomes unconscious, call an Ambulance on 999 immediately regardless of any other first aid action that is being taken. These are all potentially life-threatening conditions.

6.2 All staff know how to call the emergency services, who the qualified first aiders are and where to get hold of them in an emergency within the school, and the same for the appointed persons who could also take charge of any emergency situation.

7. ANAPHYLACTIC SHOCK

7.1 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention – it can be life threatening. It can be triggered by certain foods (e.g. nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

7.2 If the school is aware that a pupil has been diagnosed as having a specific severe allergy and is at risk of anaphylaxis the School Nurses , 01952 621340 will provide advice and assistance in drawing up a contract of care and staff training.

7.3 Pupils who have been diagnosed are likely to carry prescription medication which may include an adrenaline injection to be given via an “Epipen”. The age of the child and the severity of the attack will largely determine whether they are able to self-administer the treatment or will require assistance. This makes it essential for an individual care plan to be worked out and for as many staff to be trained in the necessary emergency action as possible.

8. ASTHMA

8.1 Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

8.2 With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school activities. If not effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

8.3 The asthmatic at school

On entry into school the parent should tell the school that the child has asthma and complete form Med 1 if appropriate. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parents.

8.4 Triggers that can provoke asthma

- Viral infections of the upper respiratory tract e.g. colds
- Exercise
- Cold air
- Furry animals
- Fumes from science experiments
- Tobacco smoke and atmospheric pollution
- Grass pollen
- Extremes of emotion

8.5 Inhalers

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.

Relievers should be available immediately and used before exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non asthmatic.

8.6 Procedure for dealing with an asthma attack

1. Child becomes breathless, wheezy or develops a continuous cough
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage.
5. Wait ten minutes, if symptoms disappear the pupil can continue as normal.
6. If symptoms persist then try giving:

- a further dosage of reliever
- or, if prior permission has been given, 6 puffs of reliever through a spacer ***whilst*** calling parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at school call parent/GP/ambulance as appropriate given the seriousness of the situation, or as has been the agreed emergency action for that child and if given permission, use another reliever inhaler (blue).

8.7 Severe asthma

Severe asthma is characterised by:

- normal relieving medication failing to work
- the child becoming too breathless to talk
- rapid breathing (e.g. > 30 breaths per minute)

Continue giving inhaler *or* give 6-10 puffs of reliever through a spacer ***whilst*** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.

9. DIABETES IN SCHOOL

The incidence of diabetes amongst children and young people is increasing. Within Europe, the UK has both the highest number of children diagnosed with diabetes and the lowest number of children achieving good diabetes control (DOH 2007).

Diabetes management can affect daily activities such as school attendance, participation in extra-curricular activities, social inclusion and family life, having an impact on the child's mental health, emotional wellbeing and development (DOH 2007).

It has been shown however, that improved management and control of diabetes in children can improve academic performance and school attendance, reduce hospital admissions, and reduce the chances of developing long term complications of diabetes (DCCT 1993).

The Department of Health (2007) therefore recommend that children and young people be offered a range of diabetes management options and support which have the potential to improve control and encourage/enable self management, and hence lessen the impact diabetes has on their lives.

What does this mean for schools?

Diabetes management can be in the form of multiple daily injections or a small computerised pump (Continuous sub-cutaneous insulin infusion). Staff should be aware of which therapy the child is receiving.

Schools should try to provide good levels of support which enable parents to work rather than having to attend school to test blood glucose levels, administer insulin or deal with concerns regarding the pump. They should provide an appropriate environment for these activities and allow children with diabetes to take part in the full range of school activities. (DOH 2007)

This requires:

- Completion of a Medical Management Plan (see below).

- Storage of blood glucose monitoring equipment, insulin pen and insulin, and hypoglycaemia treatments in accordance with school policy on the safe storage medicines in school.

- Maintenance of consumables needed for diabetes management in school via student's parents/guardian.

- Safe storage of used sharps in an approved container – provided and disposed of by the parents.

- Record of diabetes related activities performed by/on behalf of the student.

Students in secondary schools should be given the option of carrying a blood glucose monitor and fast acting glucose with them to enable the rapid detection and treatment of hypoglycaemia. This will not only encourage and support self-management and reduce time spent out of class in first aid rooms, but also reduce delays in hypoglycaemia treatment which could lead to unconsciousness.

Diabetes Medical Management Plan for Schools

This plan should be completed by the student's diabetes specialist nurse/ school nurse/ health visitor (delete as applicable), parents/guardian and relevant school staff. Annual review should be carried out by parents and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.

Name of School: _____

Date of Plan: _____

Review Dates: _____

_____

_____

Student's Name:_____

Date of Birth: _____

School Nurse: _____

Contact Information

Mother/Guardian: _____

Address: _____

_____

Telephone: Home: _____ Work: _____

Mobile: _____

Father/Guardian: _____

Address: _____

_____

Telephone: Home _____ Work_____ Mobile_____

Student's GP Name: _____

Surgery Address: _____

_____

Diabetes Nurse Name: _____ Telephone: _____

Blood Glucose Monitoring

Target range for blood glucose is 4-8 mmols/l.

Usual times to check blood glucose (tick all that apply):-

Before Lunch ☐

Midmorning ☐ Time _____

Midafternoon ☐ Time _____

Before, during (every 30-45 minutes) and after exercise ☐

When student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l ☐

When student exhibits symptoms of hypoglycaemia (blood glucose level below 4 mmols/l ☐

Can student perform own blood glucose checks? **Yes / No**

If No, names of staff to perform on student's behalf (see attached competency assessments).

_____

Insulin Injections

Insulin injection required at lunchtime? **Yes / No**

If yes, the insulin injection should be given immediately before lunch unless the pre lunch blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat lunch before receiving insulin injection.

Name of Insulin: _____

Usual Lunchtime Dose: _____units

OR flexible dosing using _____units/ _____ grams of carbohydrate.

Dose Amendments: _____units **Date of amendment:** _____

Parental authorization given to advise pupil/ administer a correction dose (at lunchtime only) for high blood glucose levels using the following adjustments? **Yes / No**

_____ extra units if blood glucose is _____ to _____ mmols/l

_____ extra units if blood glucose is _____ to _____ mmols/l

_____ extra units if blood glucose is _____ to _____ mmols/l

Or give 1 extra unit for every _____ mmols/l that blood glucose is above 10 mmols/l

Parent/guardian signature _____

Can student give own injections? **Yes / No**
Can student determine correct amount of insulin? **Yes / No**
Can student dial up correct dose of insulin? **Yes / No**

If No, names of staff to determine dose/ dial up dose/ give injection (delete as applicable) on student's behalf (see attached competency assessments).

_____

Meals/Snacks (time/content/amount)

Mid-morning snack: _____

Lunch: _____

Mid-afternoon snack: _____

Exercise and Sports

A fast-acting carbohydrate such as _____ and blood glucose monitoring equipment should be available at the site of exercise or sports.

Check blood glucose levels before and during exercise (every 30–45 minutes), and if:

- **less than 4 mmol/l** Allow pupil to treat their hypoglycaemia (see below), then eat a carbohydrate snack.

- **4-7 mmol/l** Allow pupil to eat a carbohydrate snack.

- **7-14 mmol/l** No snack needed, but stop and check blood glucose levels
- after 30-45 minutes of exercise. If levels have fallen to less than 7 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.

- **more than 14mmol/l** If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check blood

glucose levels have fallen. If not stop exercise until blood glucose levels are less than 14 mmol/l.

<u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-

No ketones present - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose levels have fallen. If not stop exercise until blood glucose levels are less than 14 mmol/l.

Ketones present – if possible give a correction dose of rapid acting insulin _____, giving 1 unit of insulin for every ____ mmols/l that the blood glucose is above 10 mmols/l and **do not** exercise until blood glucose levels are less than 14 mmols/l **and** ketones are zero. At this point follow the advice above.

Hypoglycaemia (blood glucose level below 4mmols/l)

Usual symptoms of hypoglycaemia:

_____

_____

Treatment of hypoglycaemia:

Wash hands and check blood glucose level. If below 4 mmols/l, give 10-20 grams of fast acting carbohydrate to eat or drink such as 3-6 glucose tablets, Fruit Pastilles, Starburst sweets or 100-200 mls fizzy drink or squash (non-diet). Wait 15 minutes then re-check blood glucose levels. If still below 4mmols/l, give more sugary food as above. Repeat this process until blood glucose levels are above 4 mmols/l, then give some starchy food such as 2 biscuits, packet of crisps, cereal bar or next meal if due.

If the student is unconscious, having a seizure (convulsion), or unable to swallow effectively, place in the recovery position and call an ambulance (dial 999). Do not give anything by mouth!

Hyperglycaemia (blood glucose level above 10mmols/l)

Usual symptoms of hyperglycaemia:

_____

_____

Treatment of hyperglycaemia:

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, contact parents.

Supplies to be provided by parent/carer and kept at School

Blood glucose meter, blood glucose test strips, results book ☐

Lancet device and lancets ☐

Insulin pen, pen needles, insulin cartridges ☐

Sharps box (to be replaced by parent/carer when full) ☐

Fast-acting source of glucose ☐

Glucogel (to be used if in a confused state and refuses to eat or drink, but can still swallow effectively). ☐

Carbohydrate containing snacks ☐

Signatures:

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ school to perform and carry out the diabetes care tasks outlined above. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and healthcare professionals who may need to know this information to maintain my child's health and safety.

Student's Parent/Guardian:_____ Date: _____

This Diabetes Medical Management Plan has been devised by /agreed with:

Student's Diabetes Specialist Nurse/ School Nurse/ Health Visitor (delete as applicable)

Signed: _____ Date: _____

School staff representative:_____ Date: _____

Designation: _____

Blood Glucose Monitoring

1) Wash your hands and ask pupil to wash their hands.
2) If using a new box of test strips, calibrate meter, referring to manufacturer's instructions.
3) Prime finger pricking device and set lancet depth as instructed by pupil or parent/guardian, or use single use disposable lancet device e.g. Unistik. NB if a pupil requires assistance with blood glucose monitoring a Unistik or multiclix lancet device should be used.
4) Insert test strip into meter and check calibration number on machine matches the strip.
5) Choose site for finger prick, using the sides of the finger tip (avoid first finger and thumb). Hold finger pricking device firmly against the finger and press the release mechanism to obtain a drop of blood.
6) Place blood onto test strip as per manufacturer's instructions and wait for result.
7) Record result in monitoring diary.
8) Ensure disposal of Unistik device/lancet device in sharps box.
9) Remove test strip from machine and dispose of in a bin. The monitor will switch itself off.

If unable to obtain sufficient blood, check hands are warm and are positioned below the level of the heart and prick finger again. Alternatively, try using a deeper setting on the

finger pricking device. Avoid “milking” the finger to obtain more blood as this can affect the blood glucose result.

Insulin injections

Prepare the pupil for injection, involving them in the process as much as possible.

Preparing the insulin pen for injection:-

1) Wash hands.
2) Attach a new pen needle to the insulin pen.
3) Perform an air shot – dial up 2 units of insulin, hold the pen with the needle pointing upright, tap the pen to allow air to rise, remove needle cover, then press the plunger to expel any air. Insulin should be seen leaking form the needle. If no insulin is seen, repeat the process. Ensure dial has returned to zero.
4) Now dial up the number of units required for injection.

Injection technique:-

1) Use agreed injection site as indicated by pupil or parents/guardian (outer aspect of thigh, stomach, buttocks).
2) Lift up a small fold of skin between thumb and fore finger.
3) Insert the needle straight down at a 90 degree angle into the skin.
4) Push the plunger on the pen and wait 10 seconds before releasing the skin and removing the needle.
5) Ask pupil to remove the needle from the insulin pen and dispose of needle in a sharps box, or use a UniGuard needle removing device and dispose of needle and UniGuard in a sharps box.

HYPOGLYCAEMIA (refer to student’s medical management plan)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Caused by:-	Too much insulin	
	Not enough food	
	Delayed/missed meal or snack	
	Increased/unplanned exercise or activity	
	Extremes of hot or cold weather	
	Stress or excitement	
Symptoms include:-	Weakness	Tiredness
	Shaking	Dizziness
	Tingling in fingers and lips	Hunger
	Blurred vision	Confusion
	Headache	
Signs include:-	Looking pale	Sweating
	Shaking	Tiredness
	Unusual behaviour	Slurred speech

Treatment of hypoglycaemia:-

Ask pupil to wash their hands and check blood glucose level if possible to confirm hypoglycaemia (blood glucose level less than 4 mmols).

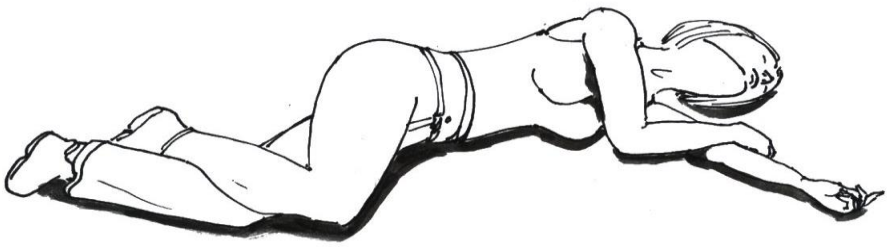
Give pupil 10-20 grams of fast acting (simple) carbohydrate in the form of:-

100-200mls of fruit juice, fizzy drink or squash (not diet).
or
60-120 mls of Lucozade
or
3-6 glucose tablets (dextrosol, lucozade etc)
or
3-6 Fruit Pastels or Star Burst
Or
1-2 Tubes of Glucogel (to be used if in a confused state and refuses to eat or drink, but can still swallow effectively).

Ask pupil to wash their hands and recheck blood glucose levels after 15 minutes and if still less than 4 mmols repeat the treatment above.

Once blood glucose levels above 4 mmols give pupil some starchy carbohydrate such as bread, biscuits, cereal bar, crisps etc or next meal if due within 30 minutes.

If the student is unconscious, having a seizure (convulsion), or unable to swallow, place in the recovery position and call an ambulance (dial 999). Do not give anything by mouth!



The recovery position

School Care Plan for Insulin Pumps.

Name_____

Class_____

Introduction

Type 1 Diabetes is a life long, life threatening condition which if not managed correctly results in serious health problems in later life.

As our knowledge and experiences increase along with the development of new and improved technology we are able to deliver intensive treatments of insulin to try to avoid the problems associated with Diabetes.

Continuous sub-cutaneous insulin infusions of insulin (CSSI) or insulin pumps are another way of delivering the hormone insulin via a small battery powered pump that secretes insulin continually throughout the 24 hour period.

The aim of the treatment is to keep the blood glucose level close to the normal range (4–8 mmol, rising to no higher than 10 mmol two hours after a meal) so it is neither too high (hyperglycaemia) nor too low (hypoglycaemia, also know as a hypo).

There are some differences to the care of the child using a pump to that of a child having multiple injection therapy (MDI).

Contact Numbers. (Parents should be 1st contact)

_____

_____

_____

Diabetes Team

Dr Hinde, Dr McCrea, Princess Royal Hospital, (PRH) Telford, 01952 641222 ext.

Paediatric Diabetes Specialist Nurse PRH, Telford 01952 641222 ext 4739
Seanpettet@nhs.net mariebromage@nhs.net

Beth Hughes/Amanda Stephenson/Nicola Collins, Paediatric Diabetes Specialist Nurses, Royal Shrewsbury Hospital 01743 277696 bethhughes@nhs.net , astephenson@nhs.net, ncollins2@nhs.net

Blood Glucose monitoring

Monitoring will be by pricking finger and using a small electronic meter.

Type of meter and Finger lancing device. _____

The aim for blood glucose is_____

The times to check blood glucose are;

- Before meals
- Before and after pump disconnection for PE
- When student exhibits symptoms of hyperglycaemia
- When student exhibits symptoms of hypoglycaemia
- Prior to mid morning or mid afternoon snack

Can _____ perform own blood glucose checks?

☐Yes ☐No

Results of any tests taken should be recorded in the diary. If any action to rectify blood glucose has been taken, the parents should be informed at the end of the school day.

Any blood glucose level that is outside of the target range should be acted upon, following the instructions in this care plan.

Hypoglycaemia (Low blood glucose)

Any blood glucose below **4mmols** is a hypoglycaemic (Hypo) episode. Treatment of which should be immediate and is outlined below in the flow diagram

Hypo's can be classed as mild, moderate or severe.

Mild: Able to talk, act coherently and have enough co ordination to drink/ eat without assistance

Moderate: Coordination poor and may need assistance to drink sugary fluids, may appear disorientated or confused. Awake at this point.

Severe: The person is unconscious and not responding to speech, unable to swallow. May have convulsion.

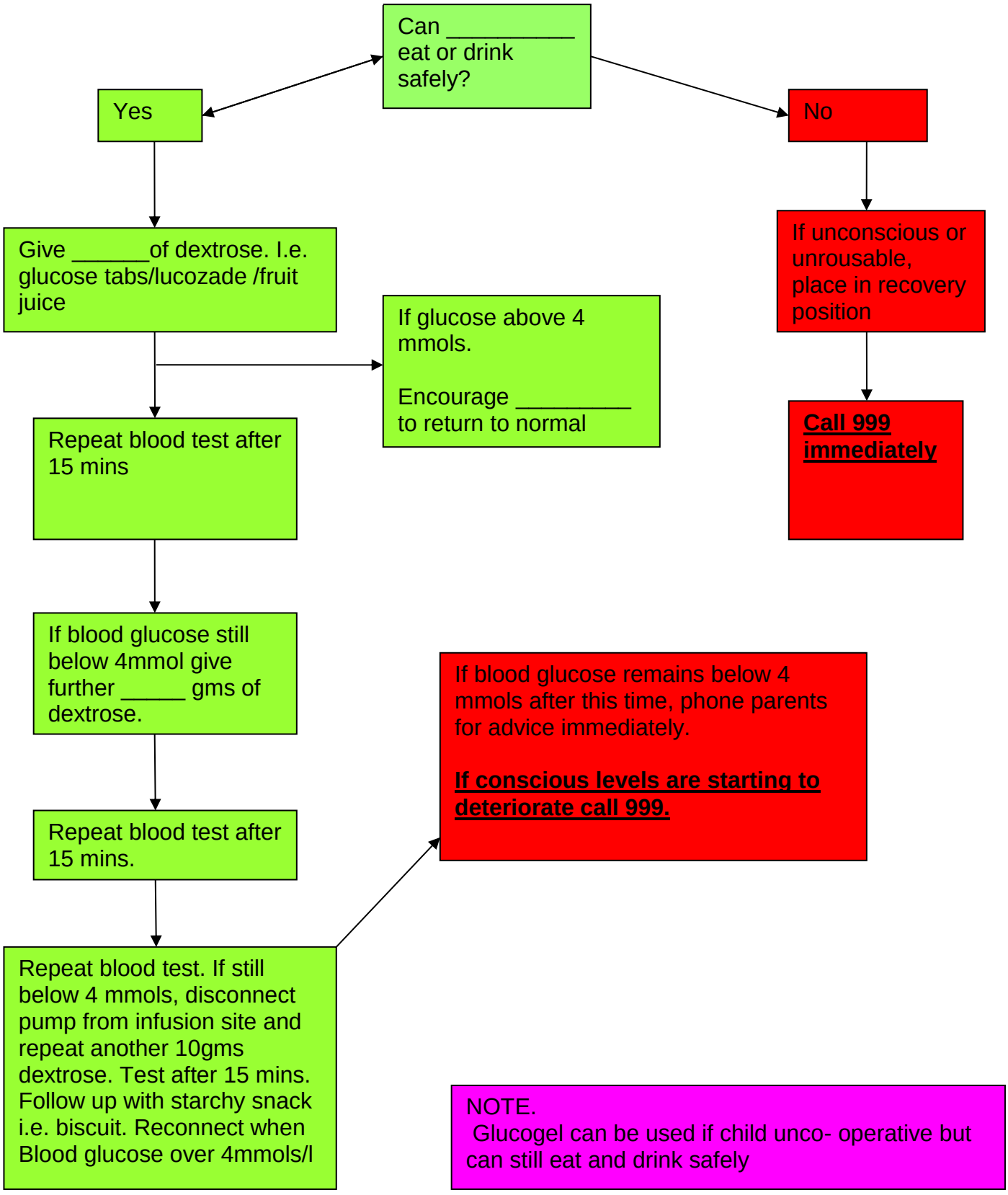
Signs of a hypo.

Pale	Shaky (wobbly)
Feeling sick, nauseous	Dizziness
Blurred vision	Hunger
Tiredness	Tingling

Also:

Confusion, aggression, poor concentration, agitated, memory loss

Treatment of Hypoglycaemia
(Blood glucose below 4 mmols)



Reconnecting the pump.

When blood glucose reaches 4 mmols reconnect the pump by clipping the tubing back into cannula.

Hyperglycaemia

Hyperglycaemia is the medical term for high blood sugars.

Sometimes when little or no insulin is present in the body the body will produce KETONES.

Ketones are the waste products of the break down of fats. Fat is used by the body as a supplementary or alternative form of energy.

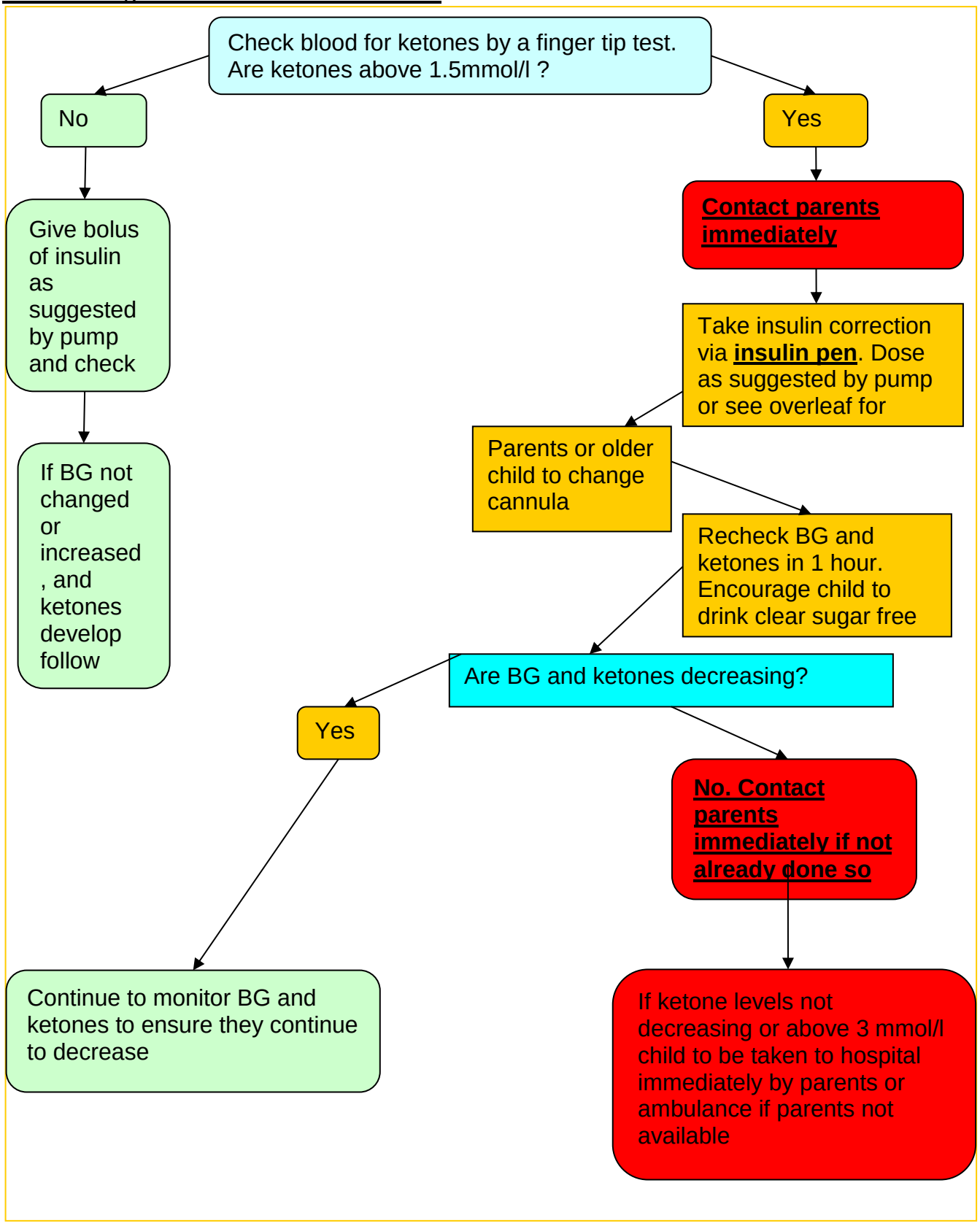
If the child is unwell or has high blood sugars, (over 14mmols) he/she will need to check ketone levels by a simple finger prick blood test. Higher levels of ketones may indicate a serious medical condition called Diabetic ketoacidosis.

This condition needs immediate treatment. If ketone levels are above 1.5 mmols please contact the parents or seek urgent medical advice.

Signs of hyperglycaemia

Thirst	Polyuria (Frequency of passing urine)
Dry mouth	High Blood Glucose readings
Headache	Abdominal pains
Blurred vision	Lethargy and tiredness

If the blood glucose level is above 14mmols/l



Causes of Hyperglycaemia on a pump:

Blocked or kinked cannula or tubing
Disconnected cannula
Leaking from tubing or cannula
No insulin in cartridge in pump.
Battery dead
Failed pump
Illness
Forgetting to bolus with food
Not enough insulin due to growth/stress

Supplies should always be kept in a safe place within school.

These should include: Please tick if in school.

- Hypo treatments, fast acting dextrose and glucogel.
- Spare cannula/infusion set/cartridge/battery insertion device if using.
- Spare insulin
- Blood glucose testing supplies – strips & lancets
- Spare insulin pen device + pen needles and insulin cartridge or syringe and insulin vial
- Sharps Box

Signatures:

This Diabetes Medical Management Plan has been approved by:

_____

Student's Paediatric Diabetes Nurse Specialist **Date:**

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ to perform and carry out the diabetes care tasks as outlined by this Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Acknowledged and received by:

_____ (For School) Date: _____

Pupil's Parent/Guardian Date:

_____

Student Date:

References

Diabetes Control and Complications Trial Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

Department of Health (2007) Making Every Young Person with Diabetes Matter. London, DOH (2007).

National Collaborating Centre for Women's and Children's Health (commissioned by NICE) 2004. Type 1 Diabetes - Diagnosis and Management of Type 1 Diabetes in Children and Young People. RCOG Press, London.

Shropshire Community Health NHS Trust. Guideline for the management of Hypoglycaemia.

ISPAD Clinical Practice Consensus Guidelines 2009 Compendium – Assessment and management of hypoglycaemia in children and adolescents with diabetes. Paediatric Diabetes, 10 (suppl. 12), 134-145

10. FURTHER ADVICE

The DfE/Department of Health Joint Circular 14/96 " Supporting Pupils with Medical Needs in School" gives further advice on good practice and can be obtained free of charge from the Department for Education.

School and Governor Support	01952 380807
Carol Metcalfe, Paediatric Diabetes Specialist Nurse	01952 641222 Ext 4739
Occupational Health Team	01952 383630
Corporate Health & Safety Advisor	01952 383629
Pupil's Doctor	
Department for Education	Managing Medicines in Schools and early years settings – up dated Nov 2007

11. PARENTAL REQUEST FORM

Form MED1

School: Muxton Primary

Address:Marshbrook Way

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

DETAILS OF PUPIL (*Capitals please*)						
Name		M/F	Date of Birth	/ /	class/ form:	
Condition or illness (*e.g. Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc):*						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		

MEDICATION AND ADMINISTRATION		
Name of medication (*give full details given on the container label issued by the pharmacist)* Type of Medication (e.g. tablets, mixture, inhaler, Epipen, other (*please specify*)		
Date Dispensed:	Dosage and method:	
Times to be Taken in School:	Is precise timing critical? Yes/ No	
For how long will your child need to take this medication?		
For medication that need not be administered at pre-set times please indicate when it should be given: (e.g. before exercise, onset of asthma attack, onset of migraine etc)		
The medication needs to be administered by a member of staff	Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff	Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary	Yes	No
The medication needs to be readily accessible in case of emergency	Yes	No
ADDITIONAL INFORMATION		
Precautions or Side Effects:		
What to do in an emergency:		

(Please read the notes on the reverse of this form carefully* If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.*)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Head teacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent
I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer **Date:**

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.

2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.

3. The school will not agree to administer any medication in school without a written request using this form, having first been made.

4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).

5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.

6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.

8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.

9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.

10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.

11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.

12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.

13. You may find it necessary to seek your Doctor's help in completing this form.

12. SCHOOL RECORD
Form MED 2

SCHOOL RECORD OF ADMINISTRATION OF MEDICATION

Notes:

1. No medication should be administered to any pupil without a parental request form (Med 1) having been received. Med 1 should be held within this administration record file until the completion of the period of medication when the request form should be transferred to the pupil's personal file.

2. Any administration of medication including analgesic (pain reliever) to any pupil must be recorded.

Date	Time	Pupil's Name	Name of Medication	Dose Given	Any Reactions/Remarks	Signature of Staff - Please print name

Form MED 3

School:

Address:

Misadministration of Medications for Schools Form

Name of child who received the Incorrect medication.		**Name:** **Address:**			
Date incident occurred					
Time incident occurred					
Who was the original medication prescribed for?					
Please list the incorrect medication administered	**Name of Medication**	**Dose given**	**Comments**		
Was the child admitted to Hospital (please tick)		**Yes**		**No**	
If yes, which hospital and what time were they admitted					
Advice sought from a doctor or Pharmacist (other than hospital)		**Yes**		**No**	
		Date and time advice sought			
Name of Doctor or Pharmacist Contact details: **(address, telephone, number)**					

Persons on duty at the time incident occurred			
Child's parents contacted	*Record summary of conservation:*		
Was the member of staff administering the medication trained and authorised to do so (please circle**)**		**Yes**	**No**
How did the incident occur	*Describe in full details:*		

Outcome:	**Please tick/add comments**
Parents informed and incident report form completed	
Child monitored with no ill effects	
Outcome uncertain	
Child may have short term side effects	
Child survived but may have long term damage	
If admitted to hospital how long did they stay in for (dates from/to)	
What systems were in place at the time medication was incorrectly administered?	
Risk assessment reviewed	
Training needs identified	
Misadministration form completed • **copy sent to Health and Safety**	

• **copy on child's file**	

Appendix 1:

POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

1.5.1 The Board of Governors and staff of Muxton School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Head will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have been trained to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

1.5.2 Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

1.5.3 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

1.5.4 Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

1.5.5 Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

1.5.6 Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

1.5.7 Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

. Pupil's Name.

. Name of medication.

. Dosage.

. Frequency of administration.

. Date of dispensing.

. Storage requirements (if important).

. Expiry date.

The school will not accept items of medication in unlabelled containers.

1.5.8 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

1.5.9 The school will keep records, which they will have available for parents.

1.5.10 If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

1.5.11 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

1.5.12 It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

1.5.12 The school will not make changes to dosages on parental instructions.

1.5.13 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

1.5.14 For each pupil with long-term or complex medication needs, the Head, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

1.5.15 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

1.5.16 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

1.5.17 The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required.

1.5.18 All staff will be made aware of the procedures to be followed in the event of an emergency.