Rose Education Provision

Medical Conditions/Administration of Medication Policy

July 2026

Policy Statement

Rose Education Provision is an inclusive community that aims to support and welcome students with medical conditions.

LAs and schools have a responsibility for the health and safety of students in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of students with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all students at the school. This may mean making special arrangements for particular students who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these students may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Students with medical needs have the same right of admission to school as other students.** Most students with medical needs can attend school regularly and take part in normal activities. Staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk. However, staff in charge of students have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and they should supply the school with information.

Aims

The school aims to:

- assist parents/carers in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual students;
- liaise as necessary with medical services in support of the individual student;
- ensure access to full education if possible;
- monitor and keep appropriate records.

Entitlement

The school accepts that students with medical needs should be assisted if at all possible and that they have a right to the full education available to other students.

The school believes that students with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting students with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting students with medical needs.

Expectations

It is expected that:

- the school will ensure that all staff are aware of any medical conditions relating to individual students. These records will be updated and shared on a regular basis.

- parents/carers will be encouraged to co-operate in training students to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative. There is no legal duty that requires staff to administer medicines.
- where parents/carers have asked the school to administer the medication for their child, the prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required four times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school. Students should not bring in their own medicine. This should be brought into school by the parent. **School will never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.**
- the school will liaise with the School Health Service for advice about a student's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the student.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the students. Any staff medicine is the responsibility of the individual concerned and not the school.

Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for students with medical needs in school.

Definition

Students' medical needs may be broadly summarised as being of two types:

(a) Short-term — affecting their participation in school activities when they are on a course of medication.

(b) Long-term — potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

Administration of Medication

Foreword
Medicines should only be taken to school when essential – i.e. where it would be detrimental to a student'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 student'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.

Rose Education Provision will not accept medicines that have been taken out of the containers as originally dispensed, nor make changes to dosages other than given on the parental instructions.

1. General

1.1 No medicine should be administered unless clear **written** instructions to do so have been obtained from the parents/carers and Rose Education Provision has indicated that it is able to do so (see sample proforma Appendix A2). Rose Education Provision may need to offer support in the completion of this form where parents/carers have literacy difficulties or where English is not their first language.

1.2 All medicines must be clearly labelled with the student's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents/carers are responsible for updating the school 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 student under 16 should not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor as stated in the LA guidance.

1.3 Students with a long term illness should, whenever possible, seek complete responsibility under the supervision of their parents/carers for the administration of medication.

Where it is agreed by the parents/carers and teachers, some medications or related products e.g. inhalers will be carried by the student for self-administration.

1.4 **All emergency medication such as asthma reliever inhalers/adrenaline pens should be immediately accessible to students and should <u>not</u> be locked away.**

All other medication except emergency medication and inhalers should be kept securely away. Any unused or time expired medication will be handed back to the parents/carers of the student for disposal. Where students have been prescribed **controlled drugs**, staff need to be aware that these should be kept in safe custody.

1.5 If medication needs to be administered by an individual volunteer of the school, where practicable, a witness should be present who should also sign the appropriate form. If students can take their medicines themselves, staff may only need to supervise.

1.6 Emergency medication and reliever inhalers **must** be with the student at all times. Students will carry their own emergency treatment. The school may hold spare emergency medication if it is provided by the parents/carers in the event that the student loses their medication. In these circumstances the spare medication will be kept securely in the

Office. It is the parents/carers' responsibility to ensure that medication is in date and replaced as appropriate.

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

2. Record Keeping

2.1 Rose Education Provision will keep written records of all medication administered to students.

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 student 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 trained 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 student with long term medical needs.

4.2 Parents/Carers must use the attached proforma (Appendix A2) to report any changes in medication to the school.

4.3 With parents/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 and hormonal disorders which are controlled by regular injections. Students with these conditions are usually taught to give their own injections. Where this is not possible, they should be given by their parents/carers or a qualified nurse. It is not envisaged that it would be necessary to give injections in school unless the student is on a school visit.

6. Emergency treatment/procedures

6.1 Rose Education Provision 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 parents/carers are not available, a member of staff will accompany a student to hospital by ambulance and will stay until the parent/carer arrives or is reasonably practicable. In the event of an emergency/accident, which requires a student 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/carers are not available.

Staff will not take a student to hospital in their own car. 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 student.

- Advice for school staff about individual students may be provided by the school nurse.
- Storage must be in accordance with 1.4 on page 5. These medications must be clearly labelled with the student'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 must be given to the parents/carers of the student and a copy retained in the school.

6.2 In accordance with 6.1 above:

- If it is known that an individual student 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 students suffering from bleeding disorders. If an injection is necessary, it is usual for the student to be able to give their own injections. If this is not the case, then parents/carers should be contacted immediately. If contact cannot be made, emergency advice can be obtained between 9 and 5pm by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 2586500.
  No treatment can be given at Rose Education Provision by school staff in the event of a student having a fit by administering rectal diazepam or buccal midazolam. Emergency services/parents/carers 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 Rose Education Provision. 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 three hours, the treatment will be repeated and the student taken to the hospital. Parents/carers will be contacted.
- It is important for students with asthma that reliever inhalers are immediately accessible for use when a student experiences breathing difficulties. Schools may hold stocks of asthma inhalers containing salbutamol for use in an emergency by persons trained to administer them to students who are known to require such medication.

7. Off Site Education / Work Experience Staff

7.1 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 individual health care 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 staff are aware of this.

9. Parents / Carers

9.1 Parents/carers should be given the opportunity to provide the Head of School with sufficient information about their student's medical needs if treatment or special care is needed. They

should, jointly, reach agreement on the school's role in supporting their student's medical needs. This information will be recorded on the student's record.

Documentation

Appendix A -
- A1 Individual Health Care Plan (IHCP) (four pages)
- A2 Medication Permission and Record to Administer Medication: Individual student
- A3 Record of Medication Administered to a Student (two pages)

Appendix B - Administration of a Pre-prepared Adrenaline Injection in Response to Anaphylaxis:
- B1 Protocol
- B2 Individual Care Plan (Agreement) (two pages)
- B3 Administration Report Form

Appendix C - Guidance for Dealing with the Management of Diabetes Mellitus:
- C1 Agreement for Self-Testing for Blood Glucose (two pages)
- C2 Agreement to Self-injection of Insulin
- C3 Individual Care Plan (Agreement) (two pages)
- C4 Administration Report Form
- C5 Administration Record Sheet
- C6 Protocol
- C7 Record of completion of training

Author:	Miss Sheree Curtis		
Date:	July 2026		
Signed:	*S.Curtis*	Review Date:	July 2027

Appendix A1

Individual Health Care Plan

Name of school/setting	
Student's name	
Group/class/form	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Who is responsible for providing support in school?	

Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix A2

Medication Permission and Record to Administer Medication: Individual Student

The school/setting will not give your student medicine unless you complete and sign this form, and the school/setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of student	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to student	
Address	
I understand that I must deliver the medicine personally to	Main Reception at Rose Education Provision 1815 Melton Road

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Appendix A3

Record of Medication Administered to a Student

Name of school/setting	
Name of student	
Date medicine provided by parent/carer	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Appendix A3

Record of Medicine Administered to an Individual Student (Continuation)

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

Date			
Time given			
Dose given			
Name of staff administered			
Name of witness of staff			

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/carer's responsibility to raise the issue with the Head of School.

2. When a student is able to self-administer, the Head of school with the parents/carers will decide whether training of volunteers is required.

3. When a student is unable to self-administer, the Head of school will then identify (a) volunteer(s) to undertaken training and subsequent administration of the prepared adrenaline injection.

4. If no volunteer(s) is/are identified, the parent/carer will be informed and it is the parent/carer who should inform the prescribing doctor. The prescribing doctor and parent/carer may wish to reconsider and identify an alternative management plan.

5. If (a) volunteer(s) is/are identified, the Head of School 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 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 student.

7. Following the training, the volunteer(s) sign(s) the training record and the individual care plan. The Customer Care Manager/NHS School Health Nurse then signs the individual care plan. The original remains within the school.

8. If any details in the care plan change e.g. EpiPen rather than EpiPen Junior required, it is the parent/carer's responsibility to inform the Head of School. 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 updated training of volunteers should take place on an annual basis. The Head of School will request and negotiate this with the appropriate health professional.

Appendix B1

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

1. Training of School Volunteers

1.1 A minimum of 2 volunteers will be trained and this will be audited manually. A list of trained volunteers will be held by the Head of School and this will be reviewed annually.

2. Parent Involvement / Counselling

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

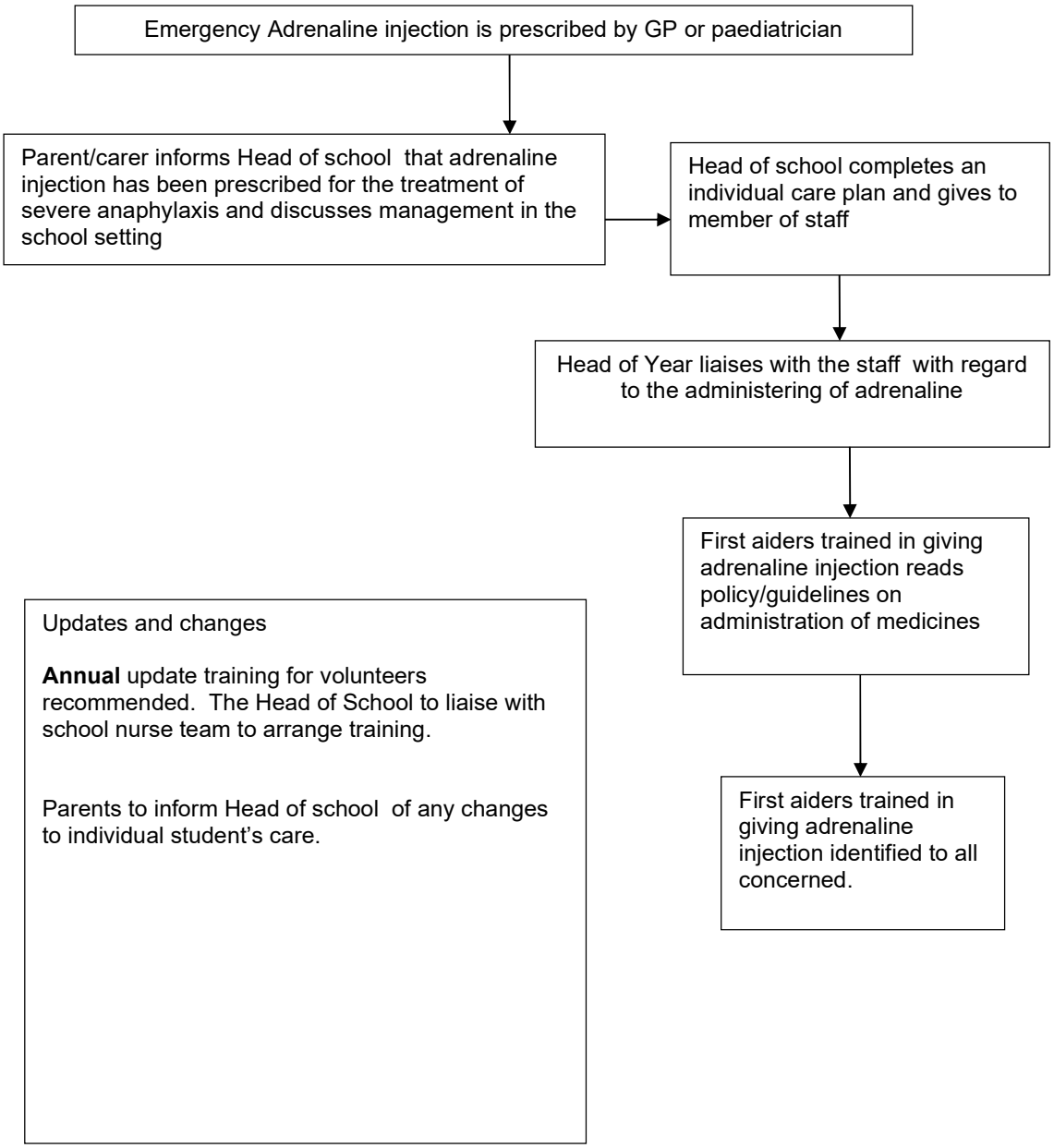
2.2 As it cannot be guaranteed that food provided in school is free of all traces of allergens, it is advisable for students with food allergies to bring packed lunches.

3. Training of Other Groups

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

Appendix B2

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



Appendix B2

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 student/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/carers under 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 school Name: _____

Signed: _____ Date: _____

****

Student : Name: _____

Signed: _____ Date: _____

Appendix B3

Administration Report Form

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 STUDENT/ADULT

Name of student/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: _____

_____

Form completed by: _____ signed: _____

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

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 Health Care Plan (IHCP) (Appendix C3).

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

The parents/carers are responsible for the IHCP being presented to the school along with the appropriate equipment, including the student'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

Student or Young Person's Name: _____

Student 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 student 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 student or young person self-tests independently / the student or young person self-tests with minimal supervision (delete as appropriate)
7. The student 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 student or young person records the test results independently or with minimal supervision
9. The student 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 student 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 student or young person in response to a hypoglycaemic episode (hypo).

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

Appendix C1

AGREEMENT FOR SELF TESTING FOR BLOOD GLUCOSE IN THE SETTING continuation

As a parent/carer, 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/carer _____ (please print)

Emergency contact details

Name: _____ Tel Home: _____

Tel work: _____ Mobile: _____

Head of School

Name: _____

Signed: _____ Date: _____

- Setting has original – copy to parents/carers

Appendix C2

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

Full name of student/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 STUDENT'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/carer 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/carer _____ (please print)

Emergency Contact Details:

Name: _____ Home tel: _____

Work tel: _____ Mobile: _____

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

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

TO BE COMPLETED BY A CONSULTANT, PARENT, CUSTOMER CARE MANAGER AND THE AUTHORISED PERSON

Name of Student: _____ DOB: _____

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

CONSULTANT

Name: _____ Tel No: _____

Signature: _____ Date: _____

PARENT/CARER

Name: _____ Tel No: _____

Signature: _____ Date: _____

HEAD OF SCHOOL

Name: _____ Tel No: _____

Signature: _____ Date: _____

Emergency Contact number:

OLDER STUDENT/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

Appendix C3

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

TO BE COMPLETED BY A CONSULTANT, PARENT, CUSTOMER CARE MANAGER AND THE AUTHORISED PERSON

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 STUDENT'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE

Appendix C4

Administration Report Form

The parents/carers 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 student or young person in response to a hypoglycaemic episode (hypo).

If the student or young person refuses injection do not progress but immediately inform the parent/carer.

INSULIN INJECTION

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

The type of insulin is prescribed as: Penfill cartridge injection ☐

Insulin bolus via pump ☐

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

Particular things to note are _____

Action to take _____

Dispose of needle into sharps bin

After administration of insulin, please complete the record sheet

IF THE STUDENT'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 STUDENT					DOB		
DATE	TIME 24 hr clock	*BLOOD GLUCOSE RESULT	*INSULIN TYPE	*INSULIN DOSE	*INJECTION SITE	SIGNED	NOTES

**delete as appropriate*

Original retained at setting

cc parent/carer 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 student concerned.

PROTOCOL FOR ADMINISTRATION OF INSULIN

ACTION	RATIONALE
Locate and obtain, in a timely manner, student's insulin administration kit. Ensure the student 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 **dial up the agreed dose of insulin, please see ICP.**	To ensure the correct dose of insulin is dispensed.
Select a pre-agreed site for the insulin injection, please see ICP Expose the area of skin for injection.	To 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. Slowly and firmly depress the plunger of the pen and count to 10.	To ensure a subcutaneous injection of insulin. Insulin is absorbed best in this part of the skin. This ensures the administration of the full dose of insulin.
Remove the insulin pen from the skin.	To avoid any inadvertent extra insulin administration.
Do not re sheath the needle. Unscrew the needle. **Dispose of the needle in the student's sharps bin.** **Do not dispose of the insulin pen.** Wash your hands.	Avoidance of needle stick. Safe disposal of sharp objects in accordance with health and safety policy. Good hygiene.
Place the insulin pen back in the student's administration kit. Now let the student go back to normal activity.	Therefore stored safely for future use.
Complete record sheet.	To enable monitoring of administration of insulin and update student's health records.

Appendix C7

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

To: Customer Care Manager

Re: Name of person ….....

Date of Birth: _____

Name of school/setting: _____

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