

# Admission Of Medicines Policy

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Notes	



## Woodland Grange Primary School

Aiming high to achieve excellence and success by working together.

# Introduction

## Legal Position

1. Any staff who agree to administer medicines to pupils in School do so on an entirely voluntary basis. There is no obligation on staff to volunteer to administer medicines.
2. The County Council acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.
- C.1. Some contracts of employment do acknowledge that specific requirements are needed under job specifications for administration of medicines within certain schools. Staff who do not have such contracts are acting as volunteers.
- C.2. Some staff may be required within their job description to administer and undergo training for the administration of prescribed medicines (endorsed by the LA)

### D. Negligence

- (i) "A headteacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing" (Gower v London Borough of Bromley 1999).
- (ii) Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the Local Authority which is vicariously liable for a breach of duty by headteachers, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the Local Authority, then the County Council will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with the training received from and endorsed by the LA

### E. Criminal Liability

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

### F. Disability Discrimination

The Disability Discrimination Act provides that the Governing Body of a school is subject to an anticipatory duty to make reasonable adjustments (outside of the need to make physical adaptations 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.

## 1. General

### 1.1 Non Prescribed Medication.

Any medication that has not been prescribed will 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 will 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 if required four times a day. Schools may need to offer support in the completion of this form where parents have

literacy problems or where English is not their first language. IT MUST BE UNDERSTOOD THAT STAFF ARE ACTING VOLUNTARILY IN ADMINISTERING PRESCRIBED MEDICINES (unless it is written into an employment contract).

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

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

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

**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. The medication will 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 will be kept securely in accordance with the instructions below. Epipens are kept in the school office.

**1.7** All other medicines **except emergency medication and inhalers** will 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 will 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.

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

**1.10** Children who are acutely ill and who require a short course of prescribed medication, e.g. antibiotics, will normally remain at home until the course is finished.

If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that it is not required in school. If, however, this is not possible, by agreement with the head teacher a parent/guardian or member of staff may administer it.

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

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

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

## 2. Long Term Medication

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

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

## 3. Injections

**3.1** There are certain conditions e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders, which are controlled by regular injections. 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 will be made in advance and an individual care plan developed (cross reference section 5)

## 4. Emergency Treatment

### 4.1

- A.** No emergency medication will 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 will 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 will 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.

- B.** A supply of 'factor replacement' for injection should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made emergency advice can be obtained between 08.30hrs and 16.30 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 2586500. If it is outside these times then an ambulance should be called (refer to General Care Plan appendix A).

For children who have repeated and prolonged fits and require the administration of rescue medication, a small supply of Buccal Midazolam may be kept in school for administration to a specifically identified child. Appendices C & D give guidance about the process for the

administration of this rescue medicine including examples of individual care plans and report forms.

- C.** Where this medicine has 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 school.
- 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 the child must go to the nearest hospital receiving emergencies.**
- E.** It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties.
- F.** For children who have reduced hormonal responses to stresses, it may be that they require an emergency dose of oral hormone replacement. The arrangements for the prescribed medication will be developed within a general care plan (appendix A).

## 5. School Visits

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

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

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

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

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

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

**Data will be processed to be in line with the requirements and protections set out in the General Data Protection Regulation.**

## Appendix A

General Car Plan Request For Administration of Medicine				
To:				
From: Parent/Guardian				Full Name of Child.
My child has been diagnosed as having (name of condition).				
He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours				
				(name of medicine).
If a child requires a dosage of 3 times a day please administer before and after school. However should a child require a dosage 4 times a day. 1 dose may be administered at lunchtime.				
Could you therefore administer		(Dosage) at		(Time)
With effect from		(date)*to*		(Date)
The medicine will be administered by mouth**/in the ear**/nasally**/other** *Delete if long term medication. / **Delete as appropriate.				
I undertake to update the school with any changes in routine, use or dosage of medication and to maintain an in date supply of the medication.				
I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medicine. I understand that the school staff cannot undertake to monitor the use of inhalers carried by the children, and that the school is not responsible for loss or damage to medication.				
Signed		Date		
Name of Parent/Guardian			(Please print)	
Name of Child				
Contact Details:	Telephone No Home			
	Telephone No Work			
	Telephone No Mobile			

## Appendix B

### **ADMINISTRATION OF A PRE-PREPARED ADRENALINE INJECTION IN RESPONSE TO ANAPHYLAXIS PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND NON-NURSING STAFF IN SCHOOLS**

1. When a child needs a pre-prepared adrenaline injection as emergency treatment for anaphylaxis in school 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 headteacher
3. When the child is unable to self administer the head then identifies volunteer(s) to undertake training and subsequent administration of the prepared adrenaline injection.
4. If no volunteers are identified the parent will be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
5. If volunteer(s) are identified they should read their school's policy/guidelines on the administration of medicines. The headteacher should then liaise with the health professional e.g. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across LLR will be used.
6. An Individual Care Plan must be completed by the health professional that provides the training programme. The health professional will discuss with the volunteer(s) the Individual Care Plan for the administration of pre-prepared adrenaline by non-medical and non-nursing staff for a specific child.
7. Following the training the volunteer(s) sign(s) the Training Record. The headteacher then signs the Individual Care Plan. The original remains within the school.
8. 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 headteacher. If a new Individual Care Plan is required then the process above must be discussed by those parties and the ICP completed as appropriate.
9. It is recommended that update training of volunteers should take place on an annual basis. The headteacher will request and negotiate this with the appropriate health professional.

## Appendix B1

<b>INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF PRE-PREPARED ADRENALINE INJECTION(S) AS TREATMENT FOR ANAPHYLAXIS BY NON-MEDICAL AND NON NURSING STAFF</b>			
<b>TO BE COMPLETED BY A PRESCRIBING DOCTOR, PARENT, THE HEAD OF THE ADMINISTRATING AGENCY AND THE AUTHORISED PERSON.</b>			
<b>THE INSTRUCTIONS ON THIS FORM <u>EXPIRE 1 YEAR</u> FROM THE DATE OF SIGNATURE OF THE HEAD OF THE ADMINISTERING AGENCY.</b>			
Name Of Child:		DOB:	
The above child has been identified as having a severe allergic reaction to:			
Previous symptoms shown that require injection are:			
The device(s) prescribed is *delete as appropriate			
*Epipen/*Epipen Junior		*0.3/*0.15mgs	
*Anapen/*Anapen Junior		*0.3/*0.15mgs	
<b>GIVE DOSE OF PRE-PREPAREDADRENALINE INJECTION THEN PHONE 999 FOR AN AMBULANCE stating child with anaphylaxis</b>			
Remember to tell the ambulance or hospital staff the exact time and name of the pre-prepared adrenaline injection given and give them the used device.			
Complete Report Form (appendix B2) giving a clear account of the incident. Copies should go to the parent, ambulance staff, if possible. The original should be kept at the school.			
The parents will be responsible for informing doctors and anyone else who needs to know if pre-prepared adrenaline injection has been given. They will be responsible for maintaining an in-date supply of medication at the school and informing them of any changes.			



## Appendix B1 (cont)

HEALTH CARE PROFESSIONAL COMPLETING INDIVIDUAL CARE PLAN			
Name:		Tel No:	
Signature:		Date:	
Designation			
<b>This plan has been agreed by the following: (Block Capitals)</b>			
<u>PARENT/GUARDIAN</u>			
Name:		Tel No:	
Signature:		Date:	
<b>Emergency telephone contact number:</b>			
HEAD OF ADMINISTERING SCHOOL			
Name:			
Signature:		Date:	
<u>AUTHORISED VOLUNTEERS TO ADMINISTER PRE-PREPARED ADRENALINE INJECTION.</u>			
All Staff			
COPIES OF THIS FORM WILL BE HELD BY THE PARENTS and the ADMINISTERING SCHOOL.			

## Appendix B2

PRE-PREPARED ADRENALINE INJECTION ADMINISTRATION REPORT FORM			
Name Of Child:		DOB:	
Date Of Allergic Reaction:			
Time Reaction Started:			
Trigger:			
Description Of Symptoms Of Reaction:			
Time Adrenaline Injection Given:			
DEVICE USED (Circle)	EpiPen / EpiPen Junior / Anapen / Anapen Junior		
Site of injection:			
Given by:			
Any difficulties in administration?			
Time Ambulance Called:		Arrived:	
ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child)			
Witnesses:			
Form Complete By:			
Name (Print):		Signature:	
Job Title:		Contact Tel No:	
Date:			
Original to Child's School Record Cc: Hospital with child (where possible) Parent			

## Guidance on the Management of Diabetes Mellitus

For those children who can test their own blood and/or can self inject their insulin it is still good practice for the school to know this (See Appendices C1 and C2).

**For children with diabetes who cannot perform the management activities there should be the drawing up of an Individual Care Plan (ICP see Appendix C3).** An ICP clarifies for health and school staff, parents and the child the responsibilities and help that will be provided.

In order for a child to have blood glucose testing, results recording and insulin administered by a school's volunteer, all documentation as specified, i.e. the Individual Care Plan, Blood Glucose Testing and Insulin Injection 'up date forms' and the Record of Completion of Training, will have to be completed in full, signed and up to date.

An ICP will be developed during consultation **with the doctor at the diabetes clinic.** Blood glucose testing times and result reporting requirements will be stated. The type of insulin injector equipment, dose and times of insulin and injection site will be stated. **Any changes to the regime agreed between the patient and the doctor will be documented by the doctor in an updated ICP, using the signed 'update forms' and the doctor or diabetes specialist nurse (Diabetes Support Team) will inform the authorised volunteers.** The ICP will be reviewed at least yearly to see if it continues to be appropriate e.g. discontinued if self-administering (use Appendices C1 and C2).

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

School staff managing the blood testing or administration of insulin should receive appropriate training and support from health professionals. Local Diabetes Support Team and Diabetes UK will hold regular training and awareness sessions for staff working with children with diabetes. Once the Head had identified volunteers the school should contact the Diabetes Specialist Nurse who will arrange the training. This should also be the process for training new staff. Refresher sessions should be planned annually to keep staff up to date

Volunteers will be trained to the standard to carry out the protocol. They will keep a copy of the appropriate protocols after their training and their training will be confirmed by signature by the authorising trainer and the prescribing doctor (Appendix C7).

Diabetes Careline Tel: 0845 1202960

## Appendix C1

Agreement for Self Testing of Blood Glucose in School			
Child's Name		DOB	
<p>Self-testing of blood glucose may be carried out in schools under the following conditions:</p> <ol style="list-style-type: none"> <li>1) All test equipment is supplied from home.</li> <li>2) The school staff are aware of approximate times for testing. Time(s).....</li> <li>3) The child carries their blood glucose testing kit or independently retrieves it from the storage location at the appropriate time.</li> <li>4) The test is undertaken in an area of privacy.</li> <li>5) Standard hygiene procedures are applied at all times.</li> <li>6) *The child self tests independently</li> <li>*The child self tests with minimal supervision</li> </ol> <p>*(insert details).....will attend the school to do the tests</p> <ol style="list-style-type: none"> <li>7) The child will independently or with minimal supervision store all sharp objects and contaminated materials used for testing in a designated biohazard container (sharps bin) for which intermittent disposal and replacement arrangements are made in advance by the family .</li> <li>8) The child records the test results independently or with minimal supervision*.</li> <li>9) The child independently *interprets the results and acts accordingly or *contacts(insert details).....to interpret the results and give instructions.</li> </ol> <p><b>Staff are acting voluntarily in this and staff cannot undertake to monitor equipment carried by the child , and the school is not responsible for loss or damage to any equipment.</b></p> <p><b>Staff will be aware of the emergency care for this child in response to a hypoglycaemic episode (hypo).</b></p> <p><b>IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE THE SCHOOL WILL PHONE 999 FOR AN AMBULANCE.</b></p> <p>As a parent I undertake to update the school with any changes and to maintain an in-date supply of equipment.</p>			
Signed		Date	
Name Of Student (if appropriate):			
Name Of Parent			
Emergency Contact Details		Home:	
Mob:		Work:	
Head Of School			
Name:			
Signed:		Date:	
<p>School has original cc Parents As a minimum updated annually</p> <p>Diabetes Careline Tel: 0845 1202960</p>			

## Appendix C2

Agreement to Self-Injection of Insulin for Children with Diabetes Mellitus			
Full Name Of Child		Date Of Birth	
This person has been diagnosed as having Diabetes Mellitus. He/she requires insulin injections during school hours at the following times			
<p>*He/she can carry their equipment and independently self administer the injections.</p> <p>*He/she needs to store their equipment but can independently self administer the injections.</p> <p>*He/she can carry their equipment but needs minimal supervision to self administer the injections</p> <p>*He/she needs to store their equipment and (insert name) will attend the school to give the injections.</p> <p>Staff are acting voluntarily in this and staff cannot undertake to monitor equipment carried by the child and that the school is not responsible for loss or damage to any medication or equipment.</p> <p><b>Staff will be aware of the emergency care for this child in response to a hypoglycaemic episode (hypo).</b></p> <p><b>IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE THE SCHOOL WILL PHONE 999 FOR AN AMBULANCE.</b></p> <p>As a parent I undertake to update the school with any changes in administration of medication and to maintain an in-date supply of medicine and equipment.</p>			
Signed:		Date:	
Name Of Student (if appropriate)			(Please print)
Signed:		Date:	
Name Of Parent			(Please print)
Emergency Name		Tel Home:	
Tel Mob:		Tel Work:	
Head Of School			
Name		Signed	
Date			
<p>*delete as appropriate or if non applicable use Individual Care Plan</p> <p>School has original</p> <p>cc Parent                                      As a minimum updated annually</p> <p>Diabetes Careline Tel: 0845 1202960</p>			

## 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, THE HEADTEACHER AND THE AUTHORISED PERSON			
Name Of Child:		Dob:	
This plan has been agreed by the following:			
Consultant (Block Capitals)			
Signature:		Date:	
Parent/Guardian (Block Capitals):			
Signature:		Date:	
Emergency Contact Number:			
Head Of School (Block Capitals)			
Signature:		Date:	
AUTHORISED PERSON(S) TO *TEST BLOOD GLUCOSE AND/OR. *ADMINISTER PRE-PREPARED INSULIN INJECTION			
Name (Block Capitals)			
Signature:		Date:	
Name (Block Capitals)			
Signature:		Date:	
Name (Block Capitals)			
Signature:		Date:	
* delete as appropriate COPIES OF THIS WILL BE HELD BY THE PARENTS, THE CONSULTANT AND THE SCHOOL AND UPDATED AT LEAST ANNUALLY.  Diabetes Careline Tel: 0845 1202960			

## Appendix C4

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

**Staff will be aware of the emergency care for this child in response to a hypoglycaemic episode (hypo).**

**If the child refuses testing do not progress but immediately inform the parent.**

BLOOD GLUCOSE TESTING			
This should be carried out by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency.			
▫ Check the blood glucose level at (insert times or activities)			
Dispose of test strip and pricker into sharps bin.			
Record on the Record Sheet			
*Report result to		Tel	
▫ Check the blood glucose level prior to insulin being given.			
Dispose of test strip and pricker into sharps bin.			
Record on the Record Sheet			
Within the range		give insulin dose recorded in the individual care plan.	
<b>Outside the range immediately report result to</b>			
		Tel	
Give insulin dose advised by the above person on this occasion only.			
Record dose on Record Sheet.			
▫ If testing required tick one only			
* <b>delete as appropriate</b>			
<b>IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHOE 999 FOR AN AMBULANCE.</b>			
Diabetes Careline Tel: 0845 1202960			

## Appendix C5

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 school.

**Staff will be aware of the emergency care for this child in response to a hypoglycaemic episode (hypo).**

**If the child refuses testing do not progress but immediately inform the parent.**

INSULIN INJECTION					
This should be prepared and administered by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency.					
The type of insulin is prescribed as:			Penfill cartridge injection		
			Insulin bolus via pump		
Type Of Insulin	Injection Site	The Subcutaneous DOSE OF INSULIN is			
		Breakfast	Lunch	Dinner	Other
Particular things to note are:					
Action to take:					
<p>Dispose of needles into sharps bin:</p> <p><b>After administration of insulin, please complete the Record Sheet.</b></p> <p><b>IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHOE 999 FOR AN AMBULANCE.</b></p> <p>Diabetes Careline Tel: 0845 1202960</p>					



## Appendix C6

[illegible]

## Appendix C7

RECORD OF COMPLETION OF TRAINING FOR BLOOD GLUCOSE TESTING AND /OR INSULIN ADMINISTRATION BY NON-MEDICAL AND NON-NURSING STAFF			
To:	Head Of School		
RE: Name of Person		DOB:	
Name of school working at			
The above named person has attended training on how to safely undertake blood glucose testing and/or administer insulin injections on date			
They have completed the training to a standard to be able to comply with the agreed protocols for blood glucose testing and/or insulin administration.			
AUTHORISED TRAINER			
(Block Capitals)		Designation	
Signature		Date	
Agency		Contact Number	
CONSULTANT			
(Block Capitals)			
Signature		Date	
I confirm I have attended the training as recorded above: AUTHORISED PERSON(S)			
(Block Capitals)			
Signature		Date	
COPIES OF THIS FORM WILL BE HELD BY THE CONSULTANT THE SCHOOL AND THE AUTHORISED PERSON.			
TRAINING WILL BE UPDATED ANNUALLY			

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

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

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

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
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**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 school.

The parents will be responsible for:

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

This plan has been agreed by the following:			
CONSULTANT (Block Capitals)			
Signature		Date	
PARENT/GUARDIAN (Block Capitals)			
Signature		Tel No	
Signature		Date	
OLDER CHILD/YOUNG PERSON (Block Capitals)			
Signature		Date	
HEAD OF ADMINISTERING SCHOOL (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	
<i>COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING SCHOOL.</i> * 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
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 School Record cc: Hospital with child (where possible) Parent Other (specify)			

