

Supporting Medical Conditions and Administering Medication

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1 Introduction

This policy aims to ensure that:

- ∞ Pupils, staff and parents understand how our school will support pupils with medical conditions
- ∞ Pupils with medical conditions are properly supported to allow them to access equitable education as other pupils, including school trips and sporting activities

The governing body will implement this policy by:

- ∞ Making sure sufficient staff are suitably trained
- ∞ Making staff aware of pupil's condition, where appropriate
- ∞ Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- ∞ Providing supply teachers with appropriate information about the policy and relevant pupils
- ∞ Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Jake Allcock, Assistant Headteacher

1.1 Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

1.2 Roles and responsibilities

1.2.1.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

1.2.1.2 The Head of School

The Head of School will:

- ∞ Make sure all staff are aware of this policy and understand their role in its implementation
- ∞ Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- ∞ Take overall responsibility for the development of IHPs
- ∞ Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- ∞ Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- ∞ Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

1.2.1.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

1.2.1.4 Parents

Parents will:

- ∞ Provide the school with sufficient and up-to-date information about their child's medical needs
- ∞ Be involved in the development and review of their child's IHP and may be involved in its drafting
- ∞ Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

1.2.1.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

1.2.1.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

1.3 Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

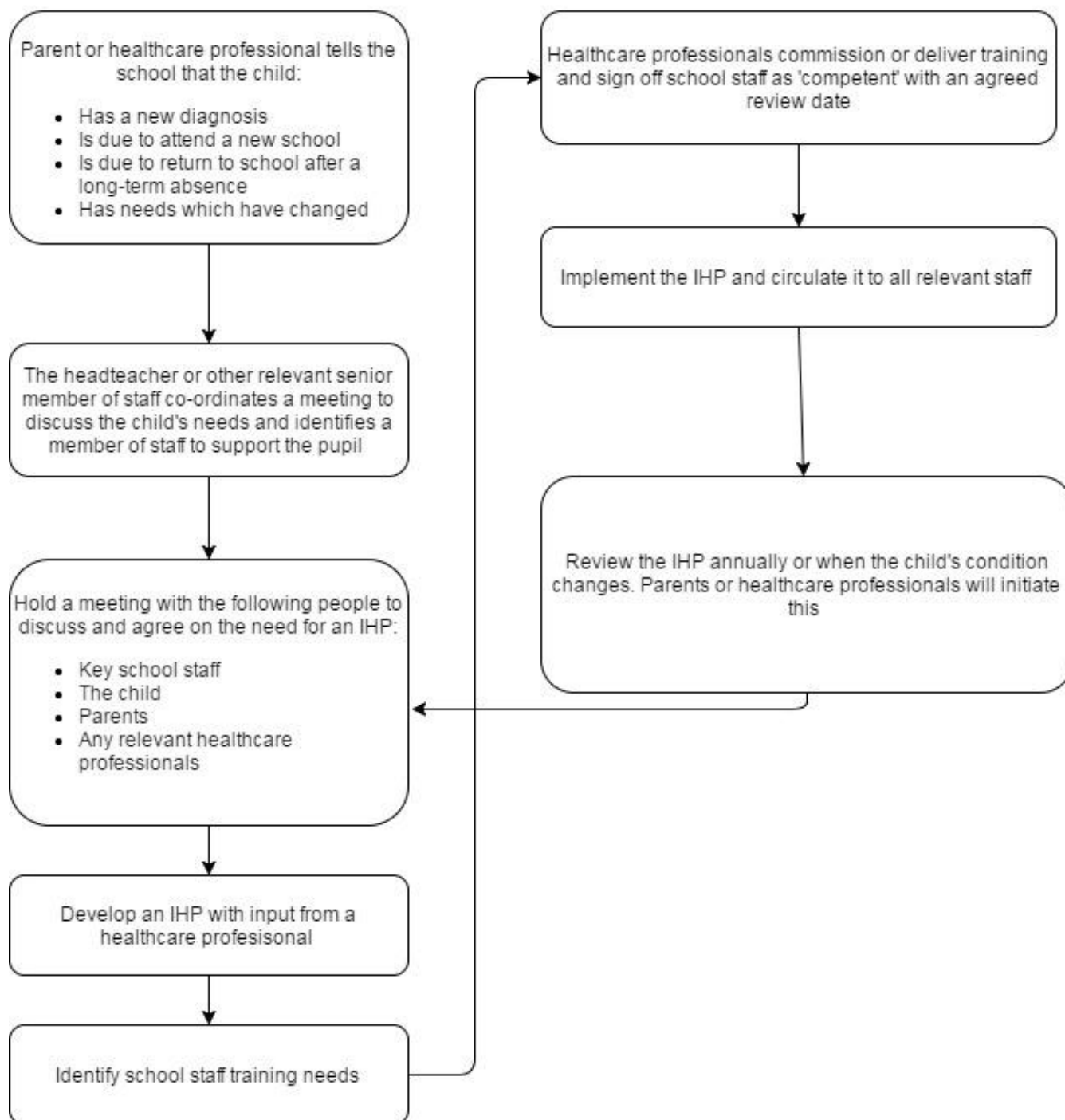
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

1.4 Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



1.5 Individual healthcare plans

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Jake Allcock, Assistant Headteacher

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- ∞ What needs to be done
- ∞ When
- ∞ By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and Jake Allcock, Assistant Headteacher, will consider the following when deciding what information to record on IHPs:

- ∞ The medical condition, its triggers, signs, symptoms and treatments
- ∞ The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons (upper school pupils)
- ∞ Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- ∞ The level of support needed, including in emergencies. If a pupil is self-managing their medication (only if aged 16+), this will be clearly stated with appropriate arrangements for monitoring
- ∞ Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- ∞ Who in the school needs to be aware of the pupil's condition and the support required
- ∞ Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil (16+) during school hours
- ∞ Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- ∞ Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- ∞ What to do in an emergency, including who to contact, and contingency arrangements

1.6 Managing and administering medicines

1.6.1.1 7.1 Checking of Medicines

It is the responsibility of the trained school staff to check and administer the correct medicine to the correct child. Medicines must be checked by a member of staff who have completed the appropriate training.

When a new medication arrives in school this should be checked against the "Agreement to administer medication form" and the form should be signed by the receiving staff member to say all checks completed.

The information checked should be done at point of receipt of medication and every time that the medication is administered:

- ∞ Prescription label is clear and attached to medication packaging.
- ∞ The name on the medication matches the pupils
- ∞ The dosage on the prescription label matches that on the Agreement.
- ∞ The medication is in date
- ∞ Storage instructions for the medication

Where photographs are used to aid identification, the photographs need to be updated when the pupil's appearance changes or at least 2 yearly. The photograph should be attached securely to the appropriate agreement card.

If there is any doubt the issue should be discussed with the parent or a Healthcare professional

Key Security

- ∞ Medicine cupboard keys must be held by the trained staff member when in use.
- ∞ Spare keys may be held by the school office.
- ∞ The keys should be kept locked up when not in use

1.6.1.2 Administering of medication

Prescription and non-prescription medicines will only be administered at school:

- ∞ When it would be detrimental to the pupil's health or school attendance not to do so **and**
- ∞ Where we have parents' written consent via the "Agreement to administer medication" form. **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

The Agreement to administer medication form must be completed by parents termly or if there are any changes to the prescription. The agreement will be uploaded to the pupils file on SIMS and the physical copy will be held in a container with the pupil's medication.

Due to the nature of this school the majority of pupils are brought in by specialist transport. It is practice that parents give medication to the bus/taxi escort. This is then handed over to the receiving staff at the door in school. It is recorded as received by the member of staff and placed in a separate container. It is then stored securely in the medical cupboard with the agreement to administer medication form. Emergency medication is held securely in the medical room unless separately agreed. Then it should be stored in a locked cupboard in classroom or carried on a named member of staff. On departure from school the door staff returns the container to the bus escorts for individual pupils.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- ∞ In-date
- ∞ Labelled
- ∞ Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Storage

All medicines will be stored safely. Generally non-emergency medication is stored in a locked cupboard preferably in a cool place, below 25 degrees (located upstairs in medical room). Items requiring refrigeration are kept in a clearly labelled closed container in a refrigerator located within the Medical room. A record is kept by the site team of the refrigerator temperatures and room temperatures where medication is stored.

Pupils will be informed about where their medicines are at all times and be able to access them immediately if self-administering at 16+. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parent/carers to arrange for safe disposal when no longer required.

Any medicine refused, spat out or vomited must be documented and parents should be informed

Upon administration of medication to a pupil, the "Administering medication" log will be completed stating date, time, name of medication, last dose given and signed by the person administering the medication and a witness.

1.6.1.3 Disposal of any sharp items (sharps)

Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if sharps accidents and the consequent risk of infection with blood borne viruses is to be avoided. Sharps injuries are preventable with careful handling and disposal. Sharps bins are located in designated areas, in a safe position at waist height. Sharps bins must never be kept on the floor.

It is imperative that staff dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

1.6.1.4 Over-The-Counter Medicines

Over the counter medicines, e.g. paracetamol, hay fever treatments, should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent/carer must clearly label the container with child's name, dose and time of administration and complete a Consent Form. Parents to be informed

that forms can be downloaded from school's website. It should be noted that whilst trained school staff may agree to administer over the counter medication it must be treated the same as other medication. Parent/carer should be discouraged from sending cough and cold remedies into school. Other remedies, including herbal preparations, should not be accepted for administration in school. Paracetamol can be administered by trained staff in school with parental permission and maintaining a four hour gap between doses. Doses given are recorded in the administering medication log in the medical room.

1.6.1.5 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug will give this to one of their nominated staff upon arrival. All other controlled drugs are kept in a secure cupboard in the and Medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

1.6.1.6 Pupils managing their own needs

Pupils who are competent and aged 16+ will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

1.6.1.7 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- ∞ Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- ∞ Assume that every pupil with the same condition requires the same treatment
- ∞ Ignore the views of the pupil or their parents
- ∞ Ignore medical evidence or opinion (although this may be challenged)
- ∞ Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- ∞ If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- ∞ Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- ∞ Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- ∞ Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- ∞ Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- ∞ Administer, or ask pupils to administer, medicine in school toilets

1.6.1.8 The Management of Errors/Omissions in Administration of Medication

As soon as an error has been identified for example

- ∞ Giving the wrong medicine to the child/young person
- ∞ An incorrect dose being given
- ∞ Out of date medication being given

The following procedure should be followed:-

1. Inform a member of the Senior Leadership Team
2. Contact the child's GP for further advice
3. Inform the family if possible – if not possible at the time this must be done as soon as they are contactable
4. Record the incident in the child/young person's records
5. Record any advice and actions taken following advice from GP, Paediatrician or NHS Direct
6. Complete an incident report before the end of the school day

1.7 Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

1.8 Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Stephanie Smith, Head of School. Training will be kept up to date.

Training will:

- ∞ Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- ∞ Fulfil the requirements in the IHPs
- ∞ Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

1.9 Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

1.10 Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Insurance Details - Public Liability Insurance

Insurer: DFE
Policy Number: 8737012
Expiry Date: 31 August 2025
Limit of Indemnity: £25m

The following are items considered to be insured under existing public liability insurance cover where an appropriate health care plan, training or written instructions have been provided and are updated on a regular basis in accordance with a care plan or risk assessment;

- ∞ Administration of medicines pre-prescribed by a medical practitioner via nasogastric tube, gastronomy tube or orally.
- ∞ Administration of over the counter medicines with parental consent
- ∞ Catheter bag changing and tube cleaning, excludes insertion of tubes
- ∞ Colostomy and Stoma care subject to written guidelines being followed
- ∞ Application and changing of dressings following a written health care plan
- ∞ Defibrillators subject to following written instruction and appropriate documented training
- ∞ First aid provision by qualified first aider and applicable during the course of the business for the benefit of employees, pupils and visitors
- ∞ Application of ear or nose drops
- ∞ Application of EpiPen or Medipens
- ∞ Gastronomy and Naso-gastric tube feeding and cleaning, no cover for insertion of tube
- ∞ Fitting and replacement of hearing aids following written guidance

- ∞ Inhalers, Cartridges and Nebulisers
- ∞ Injection of pre-packaged dose of treatment on regular basis as pre-prescribed by a medical practitioner, includes Insulin subject to training and written care plan
- ∞ Administration and assistance with Oxygen following written guidelines and training
- ∞ Rectal diazepam and midazolam in pre-packaged dose subject to written guidelines with 2 members of staff present

The cover specifically excludes any procedure or action taken that is not identified above. If a pupil requires support with a medical procedure not detailed above the school should contact LGSS Insurance immediately for advice and guidance.

1.11 Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Jake Allcock Assistant Headteacher in the first instance. If Jake Allcock cannot resolve the matter, they will direct parents to the school's complaints procedure.

1.12 Monitoring arrangements

This policy will be reviewed and approved by the governing body every 2 years.

2 Appendix 1 – Guidelines for the Administration of Epipen/Anapen by school staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An Epipen/Anapen can only be administered school staff who have volunteered and have been designated as appropriate by the Head of School and who has been trained by the nurse/doctor. Training of designated staff will be provided by the doctor/nurse and a record of training undertaken will be kept by Jake Allcock, Assistant Headteacher. Training will be updated at least once a year.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan.

- ∞ Where an Epipen/Anapen may be required there should be an individual Care Plan and Consent Form, in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school staff and doctor/nurse.
- ∞ The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box
- ∞ It is parent's responsibility to ensure that the Epipen/Anapen is in date. Expiry dates and discolouration of contents should be checked termly and parent/carer have responsibility to replace it as necessary.
- ∞ The use of the Epipen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.
- ∞ Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
- ∞ It is the parent/carer responsibility to renew the Epipen/Anapen before the child returns to school.
- ∞ The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

Other sources of information:

The Anaphylaxis Campaign website contains Guidance for Schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

The Anaphylaxis Campaign helpline is 01252 542029.

The anaphylaxis Campaign has also published the 'Allergy in schools' website which has specific advice for pre-schools, schools, school caterers, parents, pupils and nurses.

The Anaphylaxis Campaign

PO Box 275
Farnborough
Hampshire
GU14 6SX

Helpline: 01252 542029

Website: www.anaphylaxis.org.uk

3 Appendix 2 - Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

School staff who have volunteered to assist pupils with inhalers, will be offered training from the school nurse/training team.

- ∞ All staff administering asthma medication should have completed either face to face training by the training team or online training. www.supportingchildrenshealth.org/asthma-module/
- ∞ If school staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.
- ∞ An asthma register must be kept detailing the names of all pupils with asthma, or those who have been prescribed a reliever inhaler.
- ∞ Inhalers MUST be readily available when children need them. Where appropriate pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
- ∞ From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). A record of the 'when, where, who and why' of the emergency inhaler use must be kept, and parents informed of this in writing. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- ∞ All inhalers should be labelled where possible with the following information:
 - Pharmacist's original label
 - Pupil's name and date of birth
 - Name and strength of medication
 - Dose
 - Dispensing date Guidance Information
 - Expiry date
- ∞ Some pupils, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- ∞ School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
- ∞ Parent/carer is responsible for renewing out of date and empty inhalers.
- ∞ Parent/carer should be informed if a pupil is using the inhaler excessively.
- ∞ Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
- ∞ If pupils are going on offsite visits, inhalers MUST still be accessible.
- ∞ It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
- ∞ Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

Other sources of information:

Asthma UK has downloadable school policy guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example.

Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma.

To order copies of these resources call 0800 121 6255.

To answer any questions about asthma call the Asthma UK Advice line on 0800 121 6244 (Monday to Friday 9.00am to 5.00pm) or use the online form to email your query to the experts.

National Asthma Campaign

Tel: 0800 1216255

www.asthma.org.uk

Education for Health Tel: 01926 493313

www.educationforhealth.org

4 Appendix 3 - Guidelines for Managing Pupils with Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is possible that injections will need to be given during school hours.

Administration of Insulin injections in the event that a pupil requires insulin injections during the school day individual guidance and training will be provided to appropriate school staff by specialist hospital liaison nurses, as treatment is tailored to each person.

See following pages for guidance on managing hypoglycaemia and blood glucose monitoring.

Other sources of information:

Diabetes UK has information on diabetes in school, which discusses insulin, injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with diabetes at school – What all staff need to know. Copies of this can also be ordered from Diabetes UK Distribution, Tel: 0800 585088.

Further information is available from Diabetes UK care line, tel: 0845 120 2960 (Monday to Friday, 9.00am to 5.00pm) or see the Diabetes UK website for an enquiry form.

Diabetes UK

10 Parkway
London
NW1 7AA

Tel: 020 7424 1000

Careline: 0845 1202960

Fax: 020 7424 1001

Email: info@diabetes.org.uk

Website: www.diabetes.org.uk

4.1 Guidelines for Managing Hypoglycaemia (Hypo / Low Blood Sugar) in Pupils Who Have Diabetes

All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Training might be in conjunction with paediatric hospital liaison staff. Staff who have volunteered and have been designated as appropriate by the Head teacher will administer treatment for hypoglycaemic episodes.

4.1.1 To prevent a hypo

- ∞ There should be a Care Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carers. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
- ∞ Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra- curricular activities at lunchtimes or detention sessions.
- ∞ Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carers.

4.1.2 To treat a hypo

- ∞ If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.
- ∞ Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per Care Plan.
Whichever treatment is used, it should be readily available and not locked away. Many pupils will carry the treatment with them.
Expiry dates must be checked each term by a member of school staff.
- ∞ It is the parent/carers responsibility to ensure appropriate treatment is available

Once the pupil has recovered a slower acting starchy food such as biscuits and milk should be given. If the pupil is very drowsy, unconscious or fitting, a 999 call must be made and the pupil put in the recovery position. Do not attempt oral treatment.

Parent/carer should be informed of a hypo where staff have issued treatment in accordance with Care Plan.

4.1.3 If Glucogel/Hypostop has been provided

The Consent Form should be available.

Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.

The use of Glucogel/Hypostop must be recorded on the pupil's Care Plan with time, date and full signature of the person who administered it.

It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used.

DO NOT USE GLUCOGEL/HYPOSTOP IF THE CHILD IS UNCONSCIOUS

4.2 Blood Glucose Monitoring for Children

All staff must use a fully disposable Unistik Lancet device if they are undertaking patient blood glucose testing on behalf of a pupil. This is a use once only device and the lancet remains covered once it has been used. Unistik 3 Comfort Lancets are recommended for use with children.

If a pupil has an insulin pump, individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump.

4.2.1 When to use

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases provided by the Paediatric Diabetes Specialist Nurse. The disposable lancet can be ordered on prescription via the pupil's GP.

Whenever possible staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

4.2.2 How to use the Unistik lancet:

1. Prior to the test wash hands / use alcohol rub.
2. Encourage pupil to wash their hands wherever possible.
3. Ensure all equipment is together on a tray including a small sharps box
4. Where possible explain the procedure to the pupil
5. Apply gloves before testing
6. Use a meter which has a low risk for contamination when blood is applied to the strip such as: an optimum xceed or one touch ultra
7. Ensure meter is coded correctly for the strips in use and that the strips are in date.
8. Place the strip into the meter
9. Prick the side of the finger using a Unistik comfort 3
10. Apply blood to the test strip according to the manufacturer's instructions
11. Once the test is completed put the used test strip and lancet directly into the sharps box
12. Return the tray to a safe area/room
13. Wash hands following the removal of gloves/possible contact with blood, use alcohol rub.
14. Record the blood glucose reading in the pupil's Care Plan/diary
15. Parents are responsible for supplying all necessary equipment and medication.
16. Provision and disposal of a sharps box should be discussed individually with the School Nurse / Paediatric Diabetes Specialist Nurse

4.2.2.1 Further notes:

Ensure there is a procedure in place regarding what action is to be taken if the result is above or below normal. This must be agreed in consultation with the pupil, his/her parents, the Paediatric Diabetes Specialist Nurse, School Nurse and the Teacher. If further advice or training is required please contact the pupil's Paediatric Diabetes Specialist Nurse.