



# **Administration of Medicines Policy**

**Reviewed: May 2021  
Next review: May 2022  
(or earlier if new legislation is published)**

## POLICY STATEMENT

This policy sets out the procedures followed within Newdale Primary School when administering Medicines. The Nursery has its own separate policy.

New legislation states that schools can administer 'over the counter' medicines at the request of parents.

## **Staff**

School staff are not required to administer medicines or drugs to a pupil or to supervise pupils taking medication but there is nothing to stop them undertaking such tasks if they are willing to do so.

We have members of staff that have undertaken Safer Handling of Medication training who will administer or support children in taking their medication.

## **Informing Parents**

The Headteacher or administration team outlines our procedures for the administration of medicines in school when welcoming parents whose children are about to enter the School.

Information on medicines in school is also contained in the Starting School Information Pack and on the website.

## **Forms**

On entry into school, parents are required to complete forms to notify the school if the child has any allergies or medical conditions (Appendix B & C). Parents will be required to complete additional forms if appropriate to their child.

- (a) Request for School to Administer Medication Form – to be completed if a child requires prescribed medication during school hours. (Appendix A)
- (b) Notification of Food Allergy Form – to be completed if a child has an allergy to any type of food or drink. (Appendix B)
- (c) Medical Emergency Form – to be completed if a child has any medical problems. (Appendix C).
- (d) Asthma Record – to be completed if a child has asthma. (Appendix D)
- (e) Consent form for USE OF EMERGENCY SALBUTAMOL INHALER (Appendix E)
- (f) Letter to inform parents of emergency salbutamol inhaler use (Appendix F)
- (g) Individual Healthcare Plan (Appendix G)
- (h) Diabetes Medical Management Plan For Schools – to be completed if your child is diabetic. (Appendix H).
- (i) An example of the schools records (Appendix I)

On these forms, parents are required to inform the school of the child's allergy/medical condition and what action should be taken in the event of a problem.

If a child requires medicine to be administered during the school day, the parent is requested to complete Request for School to Administer Medication (MED1) (Appendix A) and return it to school. There are guidance notes on the back of this form to help parents. (Appendix A).

'Over the counter' medicines may be prescribed at the request of parents by our office staff. Permissions need to be discussed with office staff.

## **Procedures**

All medicines must be in the original bottle/packaging in which prescribed and clearly labelled with the pupil's name, contents, dosage and date. These are kept securely in the school office First Aid Cabinet unless there is a need to refrigerate the medicine, in which case the nursery staff (Non-food) fridge is used. Asthma inhalers are kept in the child's base for easy access in the event of an asthma attack. Emergency inhalers are kept on site with accompanying consent forms to use in the case of an emergency.

The school should only need to administer medicine once during the school day at lunchtime. If a child is required to take medication 4 times a day, this should be arranged around the hours the child is in school.

The child is to be brought to the main office by a member of staff. A log is kept when medicine is administered so that the pupil, medicine, dose and time given are all recorded. The log is signed by two members of staff which clarifies the identity and dosage given.

Parents are welcome to come into school and administer medication to treat their child.

## **Long Term Medical Needs**

Children who require medication on a long term basis will need to have an Individual Healthcare Plan (Appendix G) completed by parents to support the child, this form will be filed in their personal files.

## **Refusing Medication**

No pupil should be forced to take medication. The school will inform the parent /carer if there is any refusal.

## **Misadministration of medication**

Upon discovery of medicines being given to the wrong child, or when the incorrect dosage has been given immediately contact first aider, then Head/Deputy Teacher and parents/carers, **never leave the child unattended**. In the event of the child receiving the incorrect medication, going into unconsciousness or display severe signs or symptoms of a reaction to that medication an ambulance must be summoned immediately. The incident must be reported to the Health & Safety unit and a full investigation made.

## **Inhalers**

If a child is asthmatic and needs an inhaler in school, a School Asthma Record (Appendix D), Consent form for Use of Emergency Inhaler (Appendix E), and Individual Healthcare Plan (Appendix G) must be completed on entry or once diagnosed. Parents / Carers must ensure that school are provided with two prescribed inhalers from the pharmacy with your child's dosage details.

Inhalers will be kept in the child's class base for easy access in the event of an asthma attack. Each child has an individual grab bag, which are clearly labelled with name, photo and condition. Inside each bag there are two inhalers, spacer and a copy of the paper work.

Emergency inhalers are available for children who have been diagnosed with asthma by a doctor, these inhalers are only to be used if the child's prescribed inhaler is not available or unusable, parents will be asked to complete the Consent form for USE OF EMERGENCY SALBUTAMOL INHALER (Appendix E). The emergency inhalers are kept on site in the Den and one in staff room and will be administered by a trained member of staff if required. If a child needs to use the inhaler you will be given a Letter to Inform Parents of Emergency Salbutamol Inhaler Use (Appendix H).

The consent for Use of Emergency salbutamol Inhaler (Appendix E) has to be signed each academic year by the parent.

### **Epipens**

If a child has a severe allergy and requires an Epipen in school then it is the parents responsibility to inform the school on the Notification of Food Allergies form provide two Epipen's and to ensure that the Epipen is in date. A number of staff in school have been instructed by the school nurse on what to do in an emergency and on how to administer the Epipen, this training was undertaken on 12<sup>th</sup> October 2020. Two Epipens are kept in school, one in the child's class and one in a cabinet in the office. One MED1 form is sufficient for their time at Newdale unless the medication itself changes.

Emergency epi pens (150mg/ 300mg) are available for children who have been diagnosed with an epi pen by a doctor, these epi pens are only to be used if the child's prescribed epi pen is not available or unusable, parents will be asked to complete the Consent form for USE OF EMERGENCY ANAPHYLAXIS (Appendix J). The emergency epipens (150mg/ 300mg) are kept on site in the staff room and will be administered by a trained member of staff if required.

The consent for Use of Emergency Anaphylaxis (Appendix J) has to be signed each academic year by the parent.

### **Diabetes in school**

Schools have a statutory duty to ensure that arrangements are in place to support pupils with medical conditions and should ensure that children can access and enjoy the same opportunities in school as any other child.

On entry to school the Diabetes Specialist Nurse would be contacted to complete an Individual Health Care Plan. All staff are to be made aware that the student has diabetes. They should also be aware of their responsibilities towards the student and any training they should access in accordance with the school's policy for supporting pupils with medical conditions.

### **Over the counter medicines (OTC) (non-prescription)**

Medicines that are available over the counter (OTC) (i.e. those medicines that do not require a prescription) do not need a GP signature/authorisation/prescription in order for the school/nursery/childminder to give it.

It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary.

Over the counter medicines that may be considered suitable for short term use include paracetamol or ibuprofen suspension for short term (one or two days).

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

- Staff should not give any prescription or non-prescription medication to pupils under 16 without the parent's consent.
- A child under 16 should never be given medicine containing Aspirin, unless prescribed by a doctor.
- Regardless of age enquiries must always be made as to whether the pupil is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
- Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose of pain reliever was taken so that the stated dose is not exceeded.
- The pupil should be supervised whilst taking medicine to ensure that they are swallowed and not accumulated.
- A written record of the dates and times of each administration is made in the Administration of Medicines Record. Frequent requests for analgesia should be raised with the pupil's parent so that further medical assessment can be made.

### **Covid-19**

Staff administering medication will wash their hands before and after the administration of the medication. Children will not enter the office, all medication is given through the office window to try and maintain social distancing were possible.

# APPENDICES

# Parental Request Form



Borough of  
**TELFORD**  
& WREKIN



**Form MED1**

School: **Newdale School and Nursery**

Address: Marlborough Way, Newdale, Telford TF3 5HA

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

| DETAILS OF PUPIL ( <i>Capitals please</i> )  |  |            |               |  |  |              |  |
|--|--|------------|---------------|--|--|--------------|--|
| Name   |  | <u>M/F</u> | Date of Birth |  |  | class/ form: |  |
| Condition or illness (eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc): |  |            |               |  |  |              |  |

| DOCTOR'S DETAILS |  |                  |  |                  |  |  |  |  |  |
|------------------|--|------------------|--|------------------|--|--|--|--|--|
| Doctor's Name    |  | Medical Practice |  | Telephone Number |  |  |  |  |  |

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

| ADDITIONAL INFORMATION       |
|------------------------------|
| Precautions or Side Effects: |
| What to do in an emergency:  |

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

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

**Signed:** \_\_\_\_\_ **Parent/Carer**      **Date:** \_\_\_\_\_

**NOTES**

**New legislation allows for Over the counter medicines to be administered.**

1. ***The school will consider each request on its merits. Either the school staff will administer or the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.***
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with an authorised member of staff before any medicines are sent into school.
6. The school can only administer prescribed medicine supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. The school will refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's help in completing this form.

**Miss R Cook  
Headteacher**

**Tel : (01952) 387720**



*Newdale Primary School and Nursery*  
Marlborough Way  
Newdale  
Telford  
TF3 5HA

**NOTIFICATION OF FOOD ALLERGY**

|   |
|---|
| <b>CHILD'S NAME</b>   |
|   |
| <b>DESCRIPTION OF FOOD ALLERGY</b>                                      |
|   |
| <b>TYPES OF FOOD TO BE AVOIDED</b>                                      |
|   |
| <b>ANY MEDICAL TREATMENT NEEDED IF CHILD EATS ABOVE MENTIONED FOOD?</b> |
|   |
| <b>ANY OTHER COMMENTS</b>   |
|   |
| <b>NAME OF CHILD'S DOCTOR &amp; TELEPHONE NUMBER</b>                    |

|             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <u>Name</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signed : \_\_\_\_\_ (parent/guardian)

Please print name : \_\_\_\_\_ Date : \_\_\_\_\_

Miss R Cook  
Headteacher



Newdale Primary School and Nursery  
Marlborough Way  
Newdale  
Telford  
TF3 5HA

Tel : (01952) 387720

**MEDICAL EMERGENCY FORM**

If your child has any medical problems whatsoever, **it is important to complete the following form and return it to school as soon as possible.**

| CHILD'S NAME   |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
| NAME OF CHILD'S DOCTOR & TELEPHONE NUMBER  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| NATURE OF PROBLEM  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| HOW IS THE SCHOOL EXPECTED TO TREAT THE PROBLEM  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| PLEASE MAKE SURE THE SCHOOL HAS EMERGENCY CONTACT NUMBERS                                |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| IN THE EVENT OF THE SCHOOL NOT BEING ABLE TO CONTACT SOMEONE, WHAT SHOULD THE SCHOOL DO? |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Signed : \_\_\_\_\_ (parent/guardian)



**ASTHMA RECORD**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   |  | FIRST NAME   |  |  |  |  |  |  |  |  |  |  |  |
| DOB   |  | Mobile   |  |  |  |  |  |  |  |  |  |  |  |
| Parent(s) Name(s)   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone Home  |  | Work   |  |  |  |  |  |  |  |  |  |  |  |
| GP Name   |  | GP Telephone   |  |  |  |  |  |  |  |  |  |  |  |
| Asthma Nurse  |  | Telephone  |  |  |  |  |  |  |  |  |  |  |  |
| Known triggers/allergies  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any other Medical problems  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My Child's Medication   |  | Reliever medication (usually blue)   |  |  |  |  |  |  |  |  |  |  |  |
| Medication Name   |  | Device   |  |  |  |  |  |  |  |  |  |  |  |
| Dose  |  | When Taken   |  |  |  |  |  |  |  |  |  |  |  |
| Other Medication  |  | Medication Name  |  |  |  |  |  |  |  |  |  |  |  |
| How taken/device  |  | Dose   |  |  |  |  |  |  |  |  |  |  |  |
| When Taken  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency Treatment   |  | Repeat the inhaler every five minutes until the ambulance arrives. If a child is in severe distress or loses consciousness, call an ambulance IMMEDIATELY. |  |  |  |  |  |  |  |  |  |  |  |
| Signed: (Parent)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Key Points for parents to remember:

This record is for your school. Remember to update it if treatment is changed.

Remember to check you have enough inhaler doses, that it is in date and labelled by the pharmacist with your child's name and dosage details.

Consent form for USE OF EMERGENCY SALBUTAMOL INHALER

USE OF EMERGENCY SALBUTAMOL INHALER

Newdale Primary School and Nursery  
Marlborough Way  
Newdale  
Telford  
TF3 5HA



Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler Yes  No
2. My Child has a working, in-date inhaler, clearly labelled with their name in school every day. Yes  No
3. In the event of my child displaying symptoms of asthma, and their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by school for such emergencies. Yes  No

Signed:..... Date: .....

Name:  
(print).....

Child's Name:  
.....

Class:  
.....

Parent's Address and contact details:  
.....

Telephone Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Newdale Primary School & Nursery

Child's name:

.....

Class:

.....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened when.....

- *A member of staff helped them to use their asthma inhaler.*
- *They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.*
- *Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. .*

*[Delete as appropriate]*

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,



**Individual Healthcare Plan**

Name of child/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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**Clinic/Hospital Contact**

Name

Phone no.

|  |  |  |  |  |  |  |  |  |  |  |
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**G.P.**

Name

Phone no.

|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
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Who is responsible for providing support in school

|  |  |  |  |  |  |  |  |  |  |  |
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Describe medical needs and give details of child'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 pupil'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

|  |
|--|
|  |
|  |



## Diabetes Medical Management Plan for Schools

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

Name of School: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

Review Dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

School Nurse: \_\_\_\_\_

### Contact Information

Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone:

|        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Home   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Work   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |  |  |  |

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:

|        |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|
| Home   |  |  |  |  |  |  |  |  |  |  |  |  |
| Work   |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |  |  |

Student's GP Name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Diabetes Nurse Name: \_\_\_\_\_

Telephone: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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### Blood Glucose Monitoring

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

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

Before Lunch

Midmorning  Time \_\_\_\_\_

Midafternoon  Time \_\_\_\_\_

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

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

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

Can student perform own blood glucose checks? Yes / No

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

\_\_\_\_\_

\_\_\_\_\_

### Insulin Injections

Insulin injection required at lunchtime? Yes / No

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

Name of Insulin: \_\_\_\_\_

Usual Lunchtime Dose: \_\_\_\_\_ units

**OR** flexible dosing using \_\_\_\_\_ units/ \_\_\_\_\_ grams of carbohydrate.

**Dose Amendments:** \_\_\_\_\_ units    **Date of amendment:** \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ extra units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mmols/l

\_\_\_\_\_ extra units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mmols/l

\_\_\_\_\_ extra units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mmols/l

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

**Parent/guardian signature** \_\_\_\_\_

Can student give own injections? Yes / No

Can student determine correct amount of insulin? Yes / No

Can student dial up correct dose of insulin? Yes / No

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

\_\_\_\_\_  
\_\_\_\_\_

**Meals/Snacks** (time/content/amount)

Mid-morning snack: \_\_\_\_\_

Lunch: \_\_\_\_\_

Mid-afternoon snack: \_\_\_\_\_

## Exercise and Sports

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

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

- **less than 4 mmol/l** Allow pupil to treat their hypoglycaemia (see below), then eat a carbohydrate snack.
- **4-7 mmol/l** Allow pupil to eat a carbohydrate snack.
- **7-14 mmol/l** No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.
- **more than 14mmol/l** If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check blood glucose levels have fallen. If not stop exercise until blood glucose levels are less than 14 mmol/l.

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

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

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

## Hypoglycaemia (blood glucose level below 4mmols/l)

Usual symptoms of hypoglycemia:

---

## Treatment of hypoglycaemia.

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

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

## Hyperglycaemia (blood glucose level above 10mmols/l)

Usual symptoms of hyperglycemia:

---

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## Treatment of hyperglycemia.

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

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

- Blood glucose meter, blood glucose test strips, results book
- Lancet device and lancets
- Insulin pen, pen needles, insulin cartridges
- Sharps box (to be replaced by parent/carer when full)
- Fast-acting source of glucose
- Glucogel (to be used if in a confused state and refuses to eat or drink, but can still swallow effectively).
- Carbohydrate containing snacks

## Signatures

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

Student's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

School staff representative: \_\_\_\_\_ Date: \_\_\_\_\_

Designation \_\_\_\_\_

## Appendix I

An example of school's record keeping.

| Child Name | Year Group | Class | Base | Comments   | Location of Epi Pen                                     |
|------------|------------|-------|------|--|---|
| A          | Reception  | SE    | 5    | Nuts, Seeds, Egg, Sunflower Oil, Rapeseed Oil, Potatoes, Chickpea, Sesame Asthma & Epi Pen | Class room Base 5 & Office medicine cabinet             |
| B          | Year 1     | DB    | 2    | Cold Urticaria - Epi Pen / grab bag with warm clothes                                      | Class room Base 2 & Office medicine cabinet             |
| C          | Year 1     | DB    | 2    | Allergic to Cashew Nuts  | Class room Base 2 & Office medicine cabinet             |
| D          | Year 1     | HW    | 1    | Peanut Allergy - Epi Pen & Piriton)  | Class room Base 1 & Office medicine cabinet             |
| E          | Year 5     | RM    | 12   | Nut Allergy - Asthma Epi - Pen & Piriton   | Class room Base 12 & Office medicine cabinet            |
| F          | Year 6     | JT    | 14   | Nut Allergy - Epi - Pen  | Office medicine cabinet (newly diagnosed one in school) |

Emergency Anaphylaxis Kit

I can confirm that my child has been diagnosed with an allergy for which they are prescribed an adrenaline auto-injector. They are currently prescribed: (tick the adrenaline auto injector your child is currently prescribed)

|                       |  |
|-----------------------|--|
| Epipen 150 microgram  |  |
| Epipen 300 microgram  |  |
| Emerade 150 microgram |  |
| Emerade 300 microgram |  |
| Emerade 500 microgram |  |
| Jext 150 microgram    |  |
| Jext 300 microgram    |  |

My child carries their adrenaline auto-injector at all times in case of an emergency.

My child has a supply of their adrenaline auto-injector kept at the school in case of an emergency.

In the event of my child displaying symptoms of anaphylaxis associated with their allergy, and their adrenaline is not available or unusable, I consent of the child to receive adrenaline from an emergency anaphylaxis kit held by the school for such emergencies.

Yes  No

Child's Name:

.....

....

Class: .....

Parent/ Carer Name: .....

Parent/Carer Signed: .....

Parent/Carer address and contact details:

.....

.....

.....

.....

Telephone:

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
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