Bristol Brunel Academy

# Medical Policy

## Supporting students at school with medical conditions and the safe administration of medicines in schools.

| | |
|---|---|
| **Creation Date** | **June 2019** |
| **Implementation Date** | **June 2019** |
| **Review Frequency** | **Annual** |
| **Last Reviewed** | **May 2022** |
| **Approval** | **Full Academy Council** |
| **DfE Status** | **Statutory** |

# Equalities Impact Screening

Date of screening: May 2022

Name of person completing screening: Jen Cusack

| | Does this policy have the potential to impact on people in any of the identified groups? | | What is the expected impact of this policy on any of the identified groups | | | Notes |
|---|---|---|---|---|---|---|
| | Yes | No | Positive | Neutral | Negative | |
| ***Age*** | | x | | x | | |
| ***Disability*** | x | | x | | | |
| ***Gender Reassignment*** | | x | | x | | |
| ***Race or Ethnicity*** | | x | | x | | |
| ***Religion or Belief*** | x | | | x | | |
| ***Marriage*** | | x | | x | | |
| ***Pregnancy/ Maternity*** | x | | x | | | |
| ***Sex*** | | x | | x | | |
| ***Sexual Orientation*** | | x | | x | | |
| ***Carers / in-care*** | | x | | x | | |

**Should the policy have a Full Equalities Impact Assessment?** No

**If no – please state reasons:**
The policy aims to support students with medical needs to support their health. Where there may be concerns about the school administering medicines (e.g. which doesn't align with parental beliefs), this is overcome in the policy as parental permission must be provided.

# Contents

# 1. History of most recent Policy Change

| Date | Page | Change | Origin of Change (e.g. TU request, Change in legislation) | Actioned By |
|---|---|---|---|---|
| **April 2021** | Whole Document | Policy Review – minor edits | | Lou Coles<br>SENDCo |
| **May 2022** | Whole Document | Policy Review – minor edits | | Lou Coles<br>AAP Learning Support |

# 2. Rationale / Legal Background

Local Authorities and schools have a responsibility for the health and safety of students in their care. The **Health and Safety at Work Act 1974** makes employers responsible for the health and safety of employees and anyone else on the premises.

The **Children and Families Act 2014**, from September 2014, places a duty on maintained schools, academies, and pupil referral units to make arrangements for children with medical conditions. Students with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of students have a common law duty to act in loco parentis[1] and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The academy takes advice and guidance from the DFE's '**Supporting Pupils at School with Medical Conditions' (December 2015).**

- Parents or carers have the prime responsibility for their child`s health and should provide schools with information about their child`s medical condition in conjunction with their GP or paediatrician.

[1] The term ***in loco parentis***, Latin for "in the place of a parent" refers to the legal responsibility of a person or organization to take on some of the functions and responsibilities of a parent.

- Ideally the Principal should seek parents` agreement before passing on information to other school staff. Sharing information is important if staff and parents are to ensure the best care for a student.
- Teachers who have students with medical needs in their class should understand the nature of the condition and when and where the student might need extra attention. Cover supervisors employed by BBA have access to this information. Teachers who do not have access to this information cannot be held responsible if they act incorrectly.
- Health Professionals and the School Health Service are responsible for sharing information, provide advice and training for staff on health issues.
- No child under the age of 16 should be given prescription or non-prescription medicines without their parents' written consent – except in exceptional circumstance where the medicines has been prescribed to the child without the knowledge of the parents.
- There is no legal duty requiring school staff to administer medication: this is a voluntary role. It is however the Academy`s responsibility to make sure that those who do so, have support from parents, access to information and training. They must know possible side effects and what to do if they occur.
- Any member of staff considering becoming an identified person for the administration of medication should discuss this issue with their professional organisation.
- The Academy, specifically those trained to administer medication (Sophie Elsbury, Nici Curley, Sydney Wesley-Weeks, Katie Withers, Lucy Redwood, Zoe Taylor, Amy Fairweather and Deb Drake), can provide some prescription medication and common remedies, for example paracetamol, if remedies have been provided and written consent has been provided by parents and parents will be informed by telephone or text if this has been administered (See Appendix 1).

## 3. Statement

Bristol Brunel Academy provides ALL students with any medical condition the same opportunities as any other student at the academy.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing once they have left the Academy

The Academy makes sure all staff understands their duty of care to children and young people in the case of an emergency.

The Academy understands that certain medical conditions are serious and potentially life-threatening, particularly if poorly managed or misunderstood.

The Academy understands the importance of medication and care being taken as directed by healthcare professionals and parents/carers. All staff understand the medical conditions that affect students at this academy.

Staff receive training on the impact medical conditions can have on students.

## 4. Aims and Objectives

Students with medical needs:

- Access a good general education
- Are included in as wide a range of activities as possible
- Stay safe
- Have their needs known by those responsible for them
- Are supported by multi agency advice

## 5. Short-Term Health Care Needs

Many students will need to take medication (or be given it) at school at some time. Mostly this will be for a short period only, to finish a course of antibiotics or apply lotion. It is helpful if, where possible, medication is prescribed in dosage outside of school hours. Parents should ask the prescribing doctor or dentist about this. Medication should only be taken in school when absolutely necessary, however to minimise the time students need to be off school, support may be provided.
School staff and parents must follow the guidance below on the Administration of Medication (Section 10).

## 6. Long-Term Health Care Needs

For a child or young person with long-term health care needs, an individual health care plan (IHCP) will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.

## 7. Procedures for Individual Health Care Plans (IHCP)

The following procedures are to be followed when notification is received that a student has a long-term medical condition:

- A parent or health care professional informs the school that:

- A child or young person has been newly diagnosed, or;
- Is due to attend a new school, or:
- Is due to return to school after a long-term absence, or;
- Has medical needs that have changed, or;
- Are taking short term medications

- Parents or professionals will be asked to complete an IHCP.
- A meeting or telephone call is coordinated by the Designated Member of Staff, with parents/carers to discuss the student's medical support needs.
- This meeting or call will be held to discuss and agree on the need for an individual health care plan (IHCP).
- The IHCP may be written in partnership with parents, key school staff and healthcare professional, (this may take the form of written evidence).
- Where students have special educational needs and have an Educational Health and Care Plan (EHCP), the IHCP should be linked to or become part of the EHCP.
- Where a child has special educational needs, but does not have an EHCP, their special educational needs should be mentioned in their IHCP.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the Local Authority and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.
- Staff training needs will be identified by the School Health Services or other healthcare professional.
- The IHCP will be implemented and circulated to all staff via email, SIMS[2] and the medical register.
- The IHCP will be monitored and reviewed annually or when the medical conditions changes, initiated by the healthcare professional or parent.
- Individual Health Care Plans will be in the DfE recommended format. (See Appendix 2).

## 8. Emergencies (refer to the First Aid Policy)

Medical emergencies will be dealt with under the school's emergency procedures.

A copy of this information will be displayed in the Academy reception.

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
    - The school's telephone number: 0117 3772700

[2] SIMS is a piece of software called a School Information Management System

- Your name
- Your location: Bristol Brunel Academy, Speedwell Road, Speedwell, BS15 1NU
- Provide the exact location of the patient within the academy
- Provide the name of the child and a brief description of their symptoms
- Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask reception staff to contact premises to open relevant gates for entry if necessary
- Contact the parents to inform them of the situation
- A member of staff should stay with the student until the parent/carer arrives. If a parent/carer does not arrive before the student is transported to hospital, a member of staff should accompany the child in the ambulance.

- Students will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a student needs to be taken to hospital, a member of staff will remain with the child until their parents or carers arrive.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
    - What constitutes an emergency
    - What to do in an emergency

# 9. Training

- Teachers and support staff will receive regular and ongoing training as part of their development.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- No staff member may administer drugs by injection unless they have received training in this responsibility.

# 10. Roles and Responsibilities

## 10.1 Principal and Academy Council

- The Councillors and Principal retain the main responsibility for ensuring the Academy systems comply with the law and keep both students and staff safe.

- The Principal will oversee practice to (a) design and monitor systems (b) agree procedures (c) support and help the designated teacher and (d) ensure that all staff have broad training.
- The Principal will ensure that there is a designated member of staff with clearly described responsibility for procedures (see below) at an operational level, supported by appropriately trained administrative officers.

## 10.2 Parents and Carers

Parents and carers must do the following:

- Take responsibility for making sure that their child is well enough to attend school and take part in learning activities.
- Keep the academy informed about any changes to their child/children's health.
- As key partners, should be involved in the development and review of their child's individual health care plans (IHCP).
- Carry out any action they agreed to as part of the IHCP implementation
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.

## 10.3 Students

- Student should be fully involved in the discussions about their medical support needs and contribute to the writing of their IHCP.
- Students will be required to comply with the IHCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.
- Other students to be encouraged to be sensitive to the needs of those with medical conditions.

## 10.4 The Designated Member of Staff (Lou Coles)

- In Lou Coles' absence, refer to the Deputy, Sydney Wesley-Weeks.
- Update Medical Conditions Policy.
- Maintain the Medical Conditions Register and to Inform all staff of any known medical conditions/students with an Individual Health Care Plan (IHCP).
- Co-ordination of procedures for known medical conditions.

- Oversight of secure storage and management of prescribed student medication.
- Oversight of the audit of medicines and the register of administration of medicine.

### 10.5 Identified Persons for the Administration of Medication

- Staff undertaking this role have undertaken appropriate training.
- They must follow the school policy and procedures for the administration of prescription and non-prescription medication.

### 10.6 Teachers and Support Staff

- Any member of staff may be asked to provide support to students with medical conditions.
- Teachers have a responsibility for ensuring that they are aware of students' medical needs; follow advice; know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- The First Aid Team need to be aware of which students have medical conditions, what they are and what the implications are.
- Teachers will produce Risk Assessments for trips, sports events and work experience.
- Teachers will carefully follow school procedures, especially for giving medication procedures.
- Staff and supply teachers can find student medical needs on SIMS. It is important staff and supply teachers are familiar with these needs.

### 10.7 School Health Services

- The School Health Services are responsible for notifying the academy when a student has been identified as having a medical condition which will require support in school
- May support staff in the implementing of IHCPs, providing advice and training
- Can liaise with lead clinicians locally on the support for a child or young person and associated staff training needs.

### 10.8 Healthcare Professionals

- To notify the School Health Services when a child or young person has been identified as having a medical condition that will require support in school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## 11. The Administration of Medication

### 11.1 Prescribed Medication

- Signed, written agreement from parents must be sought for trained staff to administer prescribed medication, most commonly in the form of an IHCP.
- Prescribed medication can only be given by named and willing staff who have had training (currently Sophie Elsbury, Nici Curley, Sydney Wesley-Weeks, Katie Withers, Lucy Redwood, Zoe Taylor, Amy Fairweather and Deb Drake).
- Medicines will only be accepted for administration if they are:
    - Prescribed
    - In-date
    - Labelled and provided in the original container as dispensed by a pharmacist or other healthcare professionals and include instructions for administration, dosage and storage.
    - The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Medication, with the exception of emergency medication such as inhalers, adrenaline pumps and glucose gels, must be kept in a locked cabinet.
- Emergency medication will be safely stored in the office behind reception in an open cupboard, readily available in an emergency.
- All prescribed medication must be labelled with the student`s name and checked regularly for `use by` date. Parents should dispose of unused medication.
- A student should take the medication themselves and this should be logged in a record book and signed by 2 adults as well as the student. The number of tablets stored will be logged and a tally recorded following administration. This is so there is an accurate record of the number of tablets on site.
- No student should ever use another student’s medication.
- If a student refuses to take medication, they will not be forced to, and parents will be notified.
- If any medication is not taken for some reason, this will be returned to the medication safe, labelled and stored separately and returned to the parent for safe disposal.

## 11.2 Other Medication

- Signed, written agreement from parents must be given for trained staff to administer any medication including ‘common remedies’.
- Medication must be provided by the parent / carer, labelled with the student`s name and checked regularly for `use by` date. Parents should dispose of unused medication.
- Medication can only be given by named and willing staff who have had training.
- Only one dose will be administered throughout the school day (unless under extreme circumstances).

- Only complete and labelled packets can be brought into school.
- A student should take the medication themselves (from a table) and this should be logged in a record book and signed by 2 people, one of whom can be the student if they are responsible enough.
- Parents will be informed that their child has received medication.
- No child under the age of 16 will be administered aspirin unless prescribed by a doctor.
- No student should ever use another student's medication.

### 11.3 Self-administration of Medication

- Students who are competent, are encouraged to take responsibility for managing their own medicines and procedures.
- Parents need to give signed permission for the student to self-medicate within school, including common remedies via the initial admissions form, annual data collection update or through the completion of an IHCP.
- In giving signed permission the parent is agreeing that their child is competent to self-medicate.
- Students must only carry enough medication for one day.
- No student should ever give another student medication.
- Staff will be vigilant to students self-medicating and pass on any concerns to the designated member of staff.

## 12. Visits and special activities

- Lists of students going on trips should be sent to the Educational Visits Coordinator at least six weeks beforehand to plan and risk assess, if needed with the designated lead.
- Any late comers onto Trip Lists must be checked with the designated lead for medical information.
- Staffing on trips should consider the needs of both disabled students and those with medical needs and whether any adults going are prepared and trained to give medication/carry out medical procedures. The designated teacher will advise.
- Risk Assessments and/or Health Care Plans will be given to the Trip Organiser at least 48 hours before the trip.

## 12. Policies linked to this policy

This policy should be read in conjunction with the following policies:

- Accessibility Plan
- Children with health needs who can't attend school Policy
- SEND Policy

## 13. Reviewing this policy

This policy will be reviewed by the Academy Council annually, to ensure that it conforms to current guidelines and any legislation.

# Appendix 1 - Medical Policy and Administration of Medicines: Designation of Roles

The Designated member of staff is **Lou Coles.**
Staff trained to administer medication are:

Debra Drake
Nici Curley
Amy Fairweather
Sydney Wesley – Weeks
Sophie Elsbury
Katie Withers
Lucy Redwood
Zoe Taylor

Course completed Administration of Medicines delivered by JaLee First Aid Training and Acorn Health and Safety Ltd.

When administering medication, the following procedures must be followed**:**

- No medication, even 'common remedies', can be given to students without written permission from the parent/carer.
- For prescription medication and on-going illnesses or conditions an Individual Heath Care Plan needs to be completed with parents/carers.
- All medication must be provided by parents, in full packets, in the original packaging, labelled with the student's name.
- All medication (with the exception of emergency medication such as inhalers, adrenaline pumps (e.g. Epi pens), glucose gels, must be stored in the locked and secured safe in the Learning Support Pod.
- Medication must be counted and signed in by the staff trained to administer medication and the parent
- When medication is given, a record of what, how much and to whom must be made.
- A student should take the medication themselves (from a table) and this should be logged in a record book and signed by 2 people, one of whom can be the student if they are responsible enough.
- No student should ever use another student's medication.
- A record of any side effects the student experiences must be noted.
- It is the responsibility of the parent to dispose of any out of date medication.

A termly audit must be completed of all medication held within the Academy and parents notified of out of date medication.

## BBA parental agreement for setting to administer medicine

Bristol Brunel Academy will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|---|---|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |
| Name/type of medicine *(as described on the container)* | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

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

**Contact Details**

| | |
|---|---|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

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

Signature(s) Date

# BBA record of medicine administered to an individual child

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

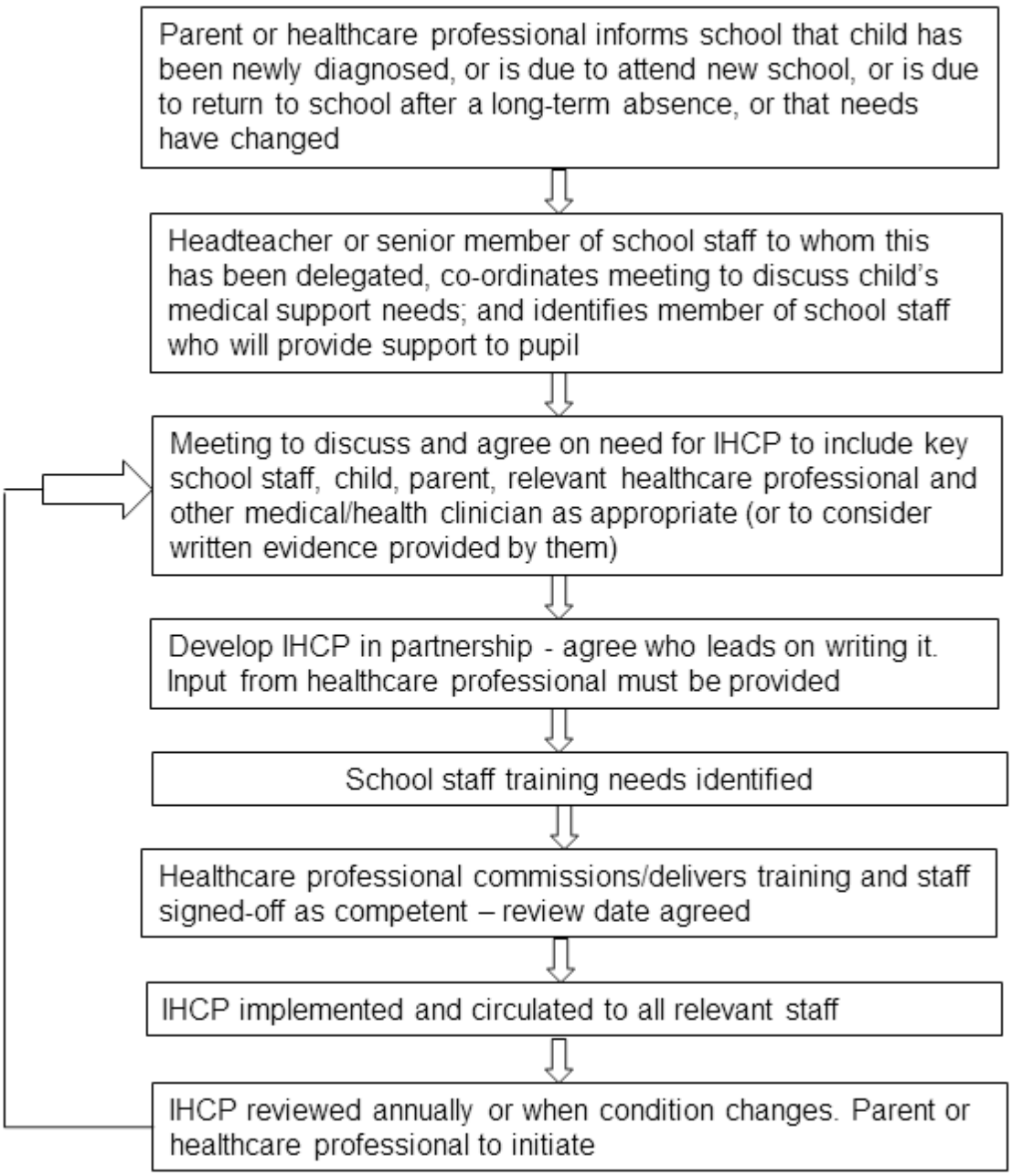
Staff signature

Signature of parent

| | | | |
|---|---|---|---|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|---|---|---|---|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

# Appendix 2- Process for developing individual healthcare plans



# BBA individual healthcare plan

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

**Family Contact Information**

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

**Clinic/Hospital Contact**

| | |
|---|---|
| Name | |
| Phone no. | |

**G.P.**

| | |
|---|---|
| Name | |
| Phone no. | |

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

Describe medical needs and give details of 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

# Appendix 3 - Asthma and use of Emergency Salbutamol

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed 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 student's prescribed inhaler is not available (for example, because it is broken, or empty).

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child or young person may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk is that a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

The emergency Salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

This information should be recorded in a child's individual healthcare plan.

The inhalers will be stored in a safe place within the school office, in an unlocked cupboard so there is access in an emergency. The inhaler will be checked termly to ensure that it is in date and in safe working order.

The spare inhaler should be clearly labelled so not to be mistaken for another child's medication.

An asthma register will be kept alongside the Medical Needs Register.

A record of the emergency inhaler need to be kept and parents need to be informed.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

- Signs of an asthma attack include:
- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted

Guidance on the use of emergency salbutamol inhalers in schools

- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

• Appears exhausted

• Has a blue/white tinge around lips

• Is going blue

• Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

# Appendix 4 - Use of Adrenaline Auto-Injectors

An anaphylactic reaction always requires an emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30 minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

MEDA MEDA


# How to Use the EpiPen® Trainer Pen

The **EpiPen® Trainer** is easily distinguishable from the real Auto-Injector.

The label clearly states 'Training Device' and is pale blue/grey in colour.

The **EpiPen® Trainer** is:

- reusable and allows you to practise as many times as you wish
- works in the same way as the real **EpiPen®**

## TO USE THE **EPIPEN®** TRAINER PEN

1. Remove the blue safety cap.
2. Swing and jab the orange tip firmly into the outer thigh. Hold in place for 10 seconds.
3. Remove **EpiPen®** Trainer Pen. Massage injection site for 10 seconds.

To practise again, the **EpiPen®** Trainer Pen must be reset.

## TO RESET THE **EPIPEN®** TRAINER PEN

1. Replace the blue safety cap.
2. Place the orange tip on a hard surface, squeeze the sides of the orange tip and push down.

You can use an **EpiPen®** Trainer Pen to demonstrate to carers, work colleagues, friends and family, so they are familiar with how to administer an **EpiPen®**.

EPIPEN® EPIPEN® Jr
(Adrenaline) Auto-Injectors 0.3/0.15mg

# Guide to Using Your EpiPen® Auto-Injector & Trainer Pen


EpiPen®


Trainer Pen

Patient Series UK/EPI/14/0016c October 2014

# Appendix 5 – Specific Medical Conditions

## Type1 Diabetes

To look after a student with diabetes properly the Academy should have:

An Individual Healthcare Plan (IHP) for each student

A working relationship between the student, their parent or carer and their Paediatric Diabetes Specialist Nurse (PDSN).

What is Diabetes?

Type1 diabetes develops when your pancreas can't make any insulin to manage the levels of glucose in your blood properly, allowing too much glucose to build up. We need insulin to help glucose get into our body's cells, where it's used for energy. If glucose can't get into the cells and your blood glucose levels are too high for too long, you can get extremely ill.

Type1 diabetes usually develops before you're 40 years old and is the most common type of diabetes found in children and young people. It is one of the main types of diabetes. The other is Type2 diabetes. They are different conditions but once you're diagnosed with either, you have it for the rest of your life.

Signs of Type1 Diabetes

There are four common symptoms to look out for:

- Toilet
- Thirsty
- Tired
- Thinner

If a student is going to the toilet a lot, has an increased thirst which they can't quench, is more tired than usual or is losing weight it could be a sign they have Type1 Diabetes. Do not delay – tell parents/carers and advise them to go immediately to their doctor for a test.

## Blood Glucose Testing

Most children with diabetes will need to test their blood glucose levels on a regular basis, including while at the Academy. Blood glucose testing involves pricking the finger using a special device to obtain a small drop of blood. This is then placed on the testing strip, which is read by a small electronic blood glucose meter. A test usually lasts a few seconds.

A student is likely to need to test:

- Before meals
- Before, during and/or after physical activity
- If they are unwell
- Anytime they or the Academy staff feel that their blood glucose level is too low or too high

## Insulin

Insulin cannot be swallowed like a medicine. It either needs to be injected or given via a pump. Children who inject their insulin will usually take four or more injections a day (known as Multiple Daily Injections –MDI). However, some may only take insulin twice a day.

Students who need to inject at the Academy will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin 'pen' device rather than a syringe. Some students may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed.

## Food

Children with diabetes should follow the same diet that's recommended for all children – one that is low in fat (for older children) salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack. Students' who take insulin may need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the child, but could be a portion of fruit, an individual mini pack of dried fruit, a cereal bar, a small roll or sandwich or biscuits.

## Hypoglycaemia

This happens when blood glucose levels fall too low (before 4mmol/1). Most children and families will call it a 'HYPO'. Children with diabetes are more likely to have hypos from time to time and they can come on very quickly.

Sometimes there is no obvious cause, but is usually it's because the student has:

- Had too much insulin
- Hasn't had enough carbohydrate food
- Been more active than usual.

**How to recognise a hypo:**

- Feeling shaky
- Sweating
- Hunger
- Tiredness
- Blurred vision
- Lack of concentration
- Headaches
- Feeling tearful, stroppy or moody
- Going pale

Symptoms can be different for each student and the student's parent/carer can tell you what their child's specific warning signs are. They should also be listed in the student's IHP (Individual Healthcare Plan).

**Treating a hypo**

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. Some students will know when they are going hypo and can treat it themselves, but others, especially if they are younger, newly diagnosed or have learning difficulties may need help.

A child should not be left alone during a hypo or made to go and get the treatment themselves. Recovery treatment must be brought to the child.

1. Check the child's blood glucose level (when possible).
2. Immediately give them something sugary to eat/drink, like Lucozade, a non-diet soft drink, glucose tablets or fruit juice.
3. After 10—15 minutes, check the blood glucose level again. If the level is still low repeat above again.
4. Check the blood glucose level again in another 20-30 minutes to make sure that they have returned to normal.
5. Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due. The child's parent/carer or Paediatric Diabetes Specialist Nurse (PDSN) will tell you if they need a follow-on snack. This should also be explained on the student's IHCP.

Once a hypo has been treated and the blood glucose level has returned to a normal level there is no reason why the student can't continue with whatever they were doing, however, it can take up to 45 minutes to fully recover. In the unlikely event of a student losing consciousness, do not give them anything by mouth. Place them in the recovery position. Call an ambulance and tell them the student has Type1 diabetes and contact their parent/carer.

## Hyperglycaemia

Hyperglycaemia happens when blood glucose levels rise too high. All children are likely to have high blood glucose levels sometimes, and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over treated a hypo
- is stressed
- is unwell
- has a problem with their pump
- sometimes there's no obvious cause.

**How to recognise hyperglycaemia?**

The symptoms of hyperglycaemia don't come on quickly and generally build up over a period of hours. They can include:

- thirst
- passing urine frequently
- tiredness
- feeling sick
- tummy ache
- blurred vision.

If a child starts to develop these symptoms, it means that they don't have enough insulin to convert glucose into energy and glucose is building up in their bloodstream. Their body is also starting to break down its fat stores as an alternative energy source. This produces acidic by-products called ketones.
Ketones are harmful to the body and it tries to get rid of them through the urine and the breath (you can often smell ketones on the breath, it smells like pear drops or nail polish remover).

**Treating hyperglycaemia**

If a child takes insulin injections and their blood glucose is only high for a short time, treatment may not be needed. But if they use a pump, or they use injections and their blood glucose has been high for some time, treatment may be needed.

Treatment includes:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- allowing the child to use the toilet whenever they need to
- testing the blood or urine for ketones
- changing the pump tubing and cannula.

The child's parent or Paediatric Diabetes Specialist Nurse (PDSN) will tell you what treatment is needed and when, and it should also be detailed on the child's IHCP.
Both hypo- and hyperglycaemia can affect a child's behaviour, so if a child is behaving out of character, it may be worth checking their blood glucose levels.

## Diabetic ketoacidosis (DKA)

If the early signs of hyperglycaemia are left untreated, the level of ketones in the body will continue to rise and DKA will develop.

How to recognise DKA

As well as the symptoms of hyperglycaemia, signs of DKA include:

- vomiting
- deep and rapid breathing (over-breathing)

- an unusual smell on the breath (ketones smell of nail polish remover and pear drops).

Treating DKA

These symptoms are emergencies and the parents and emergency services must be contacted, as, if left untreated, DKA can result in a child becoming unconscious. DKA needs hospital treatment with intravenous fluids and insulin ('drips').

But by recognising the signs of high blood glucose levels and taking the action detailed in the child's IHP, it can be avoided.

Staff who have completed specific training to support students with Diabetes: Nici Curley, Deb Drake, Sydney Wesley-Weeks and Lucy Redwood.