

POLICY AND PROCEDURE

Medicines Management Policy

Category: Staff



SoLO
Life
Opportunities

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This policy covers:
SoLO projects, PA service, Supported Living & Overnight Breaks

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Policy Statement

SoLO Life Opportunities (SoLO) is committed to inclusion and this policy supports that principle. SoLO aims to ensure that all people can access appropriate schemes regardless of their medical needs. For the purpose of this policy the term 'member' is used to describe any child, young person or adult with a learning disability who accesses SoLO's services.

SoLO recognises that there are times when it may be necessary for members to take medication. Whilst in the care of SoLO staff. This could be routine daily medication, or emergency medication taken only when a situation such as a seizure prompts the need for it.

This policy covers any member/client who requires medication that our staff will manage. It is recognised that some members will have the capability to self-medicate. In such cases, SoLO would require signed notification from either the member (with appropriate capacity) or the parent/carer and on completion of a risk assessment.

As the health and safety of staff and members is of paramount importance, this policy outlines the minimum standards necessary to ensure that SoLO staff can safely care for members. A copy of this policy will be made available to staff and volunteers, parent/carers, and members. Any staff member involved with the process of administration of medication will be required to agree to adhere to the policy requirements to ensure that our members are kept safe. There is no legal requirement placed on day services, but our approach will be consistent throughout all of our provision.

Specific staff will be provided with appropriate training to safely administer medication at least every two years with annual competency checks in relation to routine medication. This will be particularly relevant in the Supported Living service. Only staff with the appropriate training, who have been assessed as competent can administer routine medication. The assessment of competence will take place by a suitably qualified Manager* observing the staff member, and assuring the correct procedure has been met on 3 occasions. This does not apply to emergency medication as there will be insufficient opportunity to carry out such observations, but it should be confirmed that any staff who may be expected to administer emergency medication feel confident & competent to do so following training by a nurse or recognised health professional.

*There is no specified accreditation/qualification that deems a Manager as suitable to carry out competency assessment, but it is the responsibility of the organisation to assure themselves that this person has the correct knowledge and skills. Within SoLO specific Managers will complete accredited training in order to carry out this task.

If at any time there is a medical emergency or SoLO staff feel that they cannot safely care for the member then an Ambulance will be summoned.

Procedures relating to SoLO projects.

1. For consideration for a SoLO Scheme

The SoLO Project Manager will meet with parent/carers or the member and will work in partnership to ascertain the member's medical needs. **With the consent of parents / carers and the members** - SoLO may wish to make further investigations with medical professionals to discuss how these needs can be met whilst maintaining the safety of both the member and staff.

The member will be accepted onto the scheme if, after full risk assessments, both SoLO and parent/carers agree that the medical needs can be met in a safe manner.

2. Registration on the Scheme

All parent/carers will be asked to complete a user profile form. A copy of this form is sent out to all parent/carers prior to the beginning of the scheme. This should include all information that is important to the health and safety of the member.

As a minimum this must include:

1. Full details of medical conditions
2. Regular medication
3. Emergency medication and full details of when medication should be administered (indication) and maximum dosage, including clear instructions of when emergency services should be contacted
4. Medical / food allergy status. (if no allergies are known, parent/carers must write 'nil')
5. Special dietary requirements
6. Emergency contact numbers
7. Name, address and telephone number of the member's GP
8. If a medication is started/changed/stopped then a copy of an updated form must be completed and given to the office to update records and pass onto the relevant staff member before the next attendance on scheme.

It may be necessary for SoLO to check medical information with medical advisers should any concerns be raised. SoLO will not accept anyone on scheme where the above has not been provided, and associated risk assessments completed for staff to follow. Any SoLO staff member who is responsible for a member should have access to the personal profile including the emergency medication form.

3. Receiving medication during scheme

As a minimum standard, parent/carers are required to provide:

- sufficient medication for the day

- medication packaged in original packaging with original labelling clearly showing name of medication, dosage, frequency of administration and patient's appropriate details
- medication that is in date

Medication should be delivered by the parent/carers whenever possible. This facilitates an opportunity for the parent/carer / staff to raise any issues. Medication should only be sent in with a member when they come direct from another provision (e.g. school or respite) and arrangements have been agreed.

As a minimum standard, the SoLO worker is required to:

- Count medication when received and document on the 'record of medication form'
- Check that medication is packaged in original packaging with clear labelling showing name of medication, dosage and patient's appropriate details
- Check that medication is in date

When satisfied with all of the above, sign in the medication using black ink and legible handwriting. If not satisfied, the member cannot be left in the care of SoLO.

The Project Manager is responsible for ensuring that staff are aware of medications of individual members, and Project Leaders will check that the necessary information is cascaded to the allocated staff on project.

Storage

As a minimum standard:

On project all medication should be handed to the Project Leader as soon as it arrives on the premises and immediately stored in a locked container a check will be made of the medication storage facility prior to the beginning of the scheme and at the end of the scheme.

Consideration must be given to the required temperature of the medication storage facility. A medication that should be stored at room temperature means between **15 to 25 degrees Celsius**; cool temperature means between **8 to 15 degrees Celsius**; refrigeration means between **2 to 8 degrees Celsius**; and freezing temperature means **-10 to -25 degrees Celsius**.

Medication that is required to be kept in a fridge must be stored in a sealed locked container within the fridge and the temperature will be checked at regular intervals.

Inhaled treatment for asthma should be kept by staff, but does not need to be locked away. The member must not self-administer inhalers without informing SoLO staff.

4. Administration of Medication

As a minimum standard, The SoLO worker is required to:

- Check that medication is packaged in original packaging with clear labelling showing name of medication, dosage and patients appropriate details
- Check that medication that is in date
- Check allergy status and report any concerns to Project leader/Manager. Medication must not be administered even if it is requested and signed for by parent/carers on the Medication form if staff are concerned that it contravenes the allergy status.
- Administer medication in accordance with the instructions on the individual's profile and the packaging using pack-pot-person method for tablets and oral syringe or measuring spoon for liquids
- All medications should be second checked by a fellow member of staff who has received the appropriate training where possible. The second checker should independently go through the points outlined in the policy to ensure that safety is maximised.
- Ensure that any medication administered is recorded on the 'Record of Medication Form' using black ink and legible handwriting and counter signed at the point of administration unless lone working.
- Particular attention must be given to time sensitive medication which specifically needs to be taken before or after food.
- Inform the Project Leader or Manager, and parent/carer immediately if, for any reason, medication is not administered and documented on an incident report form.
- Inform the project leader of any medication which is administered during the session.

In relation to the administration of Invasive medication

- Best practice guidelines are to ensure there are at least 2 trained members of staff who can administer medication on any project attended by someone who requires insulin or other invasive medication such as Buccal Midazolam or Rectal Diazepam, in an emergency when required.
- The training for invasive or specialist medication administration needs to be provided by a qualified healthcare professional.
- If it is not possible to provide 2 members of staff to give the medication (i.e. Lone Working) the process to follow is:
The staff member will complete the medication administration record noting the required amount of medicine before administering and then confirming the amount given with time and signature and ringing into the office to confirm these details when practical to do so (i.e. do not delay supporting the individual in accordance with their protocol) The person taking the call at the office will make a record of the date and time of the phone call, the dosage of medication given and by whom and pass this onto the relevant Project manager.

5. Returning medication to parent/carer

As a minimum standard, the SoLO worker is required to:

- Check the packaging is correct
- Count medication left, ensuring that it reflects medication used and note it on the “Record of medication” sheet
- Hand the correct medication to the correct parent/carer and document on the record.

6. Self Administration

Self-administered medication must also be given to the Project Leader for safe keeping if on a project. If a member requires any assistance beyond retrieving the medication from safe storage, it cannot be deemed self administration (i.e. the individual would have to be able to open the medication, check dosage, and administer it themselves).

Although there is no legal requirement for SoLO staff to record medication that is self-administered, our stance is that staff should clearly record this information, so it can be conveyed to relevant stakeholders appropriately and prevent over dosing.

7. Privacy and Dignity

When administering any medication, staff will take account of the need for privacy and respect for the individual who is being treated. This is particularly pertinent in relation to those medications that require invasive delivery.

8. Restrictions

SoLO will attempt as far as possible to include anyone that can be safely accommodated on scheme, regardless of their level of disability or medical condition. However, where SoLO Project Manager deems, after assessment, that our staff are unable to assure the safety of a child or adult with complex medical conditions that requires specialist support, SoLO reserves the right to put restrictions on the attendance of that child or adult. These restrictions may include:

- The individual can only attend if supported by an appropriately trained medical person
- The protocol for intervention may be calling the emergency services where the medical procedure that is necessary to ensure the safety of the child is deemed to be outside of the scope of SoLO’s workers.
(this list is not exhaustive)

9. Retention

“Record of Medication” sheets will be retained for 8 years.

Procedures for PA service

1. When considering appointing a PA for a client

The SoLO Project Manager will meet with parent/carers or the client and will work in partnership to ascertain the individual's medical needs. With the consent of parents / carers, or the individual if mental capacity exists, SoLO may wish to make further investigations with medical professionals to discuss how these needs can be met whilst maintaining the safety of both the member and staff.

A PA will be sourced if, after full risk assessments, both SoLO and parent/carers agree that the medical needs can be met in a safe manner.

2. Registration

All parent/carers, or the individual if mental capacity exists, will be asked to complete a user profile form. This should include all information that is important to the health and safety of the individual requiring support.

As a minimum this must include

- Full details of medical conditions
- Regular medication
- Emergency medication and full details of when medication should be administered (indication) and maximum dosage, including clear instructions of when emergency services should be contacted
- Medical / food allergy status. (if no allergies are known, parent/carers must write 'nil')
- Special dietary requirements
- Emergency contact numbers
- Name, address and telephone number of the GP
- If a medication is started/changed/stopped then a copy of an updated form must be completed and given to the office to update records and pass onto the relevant PA.

It may be necessary for SoLO to check medical information with medical advisers should any concerns be raised. SoLO will not appoint a PA where the above has not been provided, and associated risk assessments completed for staff to follow. Any SoLO staff member who is responsible for a member should have access to the personal profile including the emergency medication form.

3. Receiving medication

If medication may be required during the time the PA is supporting the client, parent/carers/clients are required to provide:

- sufficient medication for the day

- medication packaged in original packaging with original labelling clearly showing name of medication, dosage, frequency of administration and patient's appropriate details
- medication that is in date

As a minimum standard, the PA is required to:

- Count medication when received and document on the 'record of medication form'
- Check that medication is packaged in original packaging with clear labelling showing name of medication, dosage and patient's appropriate details
- Check that medication is in date

When satisfied with all of the above, sign in the medication using black ink and legible handwriting. If not satisfied, the client should not be left in the care of the PA. The Project Manager is responsible for ensuring that PAs are aware of medications of their clients.

Storage

As a minimum standard:

PAs should keep medication close to hand in a secure bag or container, and the sufficient dosage for the individual should be taken out if there is a possibility it may be required whilst outside of the house. E.g. emergency medication. The client must not self-administer inhalers without the Pas knowledge.

Consideration must be given to the required temperature of the medication storage facility. A medication that should be stored at room temperature means between **15 to 25 degrees Celsius**; cool temperature means between **8 to 15 degrees Celsius**; refrigeration means between **2 to 8 degrees Celsius**; and freezing temperature means **-10 to -25 degrees Celsius**.

Medication that is required to be kept in a fridge must be stored in a sealed. Locked container within the fridge and the temperature will be checked at regular intervals. If the quantity of such drugs determines that it is not feasible to store it in the normal fridge, a separate one will be purchased for this purpose.

4. Administration of Medication

As a minimum standard, The PA is required to:

- Check that medication is packaged in original packaging with clear labelling showing name of medication, dosage and patients appropriate details.
 - Check that medication that is in date.
 - Check allergy status and report any concerns to Project Manager.
- Medication must not be administered even if it is requested and signed

for by parent/carers on the Medication form if staff are concerned that it contravenes the allergy status.

- Administer medication in accordance with the instructions on the individual's profile and the packaging using pack-pot-person method for tablets and oral syringe or measuring spoon for liquids
- Ensure that any medication administered is recorded on the 'Record of Medication Form', using black ink and legible handwriting and counter signed at the point of administration unless lone working.
- Particular attention must be given to time sensitive medication which specifically needs to be taken before or after food.
- Inform the Project Manager, and parent/carer immediately if, for any reason, medication is not administered and documented on an incident report form.

In relation to the administration of Invasive medication

- The training for invasive or specialist medication administration needs to be provided by a qualified nurse or recognised healthcare professional.
- If lone working the PA will complete the medication administration record noting the required amount of medicine before administering and then confirming the amount given with time and signature and ringing into the office to confirm these details when practical to do so (i.e. do not delay supporting the individual in accordance with their protocol) The person taking the call at the office will make a record of the date and time of the phone call, the dosage of medication given and by whom and pass this onto the relevant Project manager.

5. Returning medication

As a minimum standard, the PA is required to:

- Check the packaging is correct
- Count medication left, ensuring that it reflects medication used and note it on the "Record of medication" sheet
- Hand the medication to the parent/carer and document on the record.

6. Self Administration

Where a Personal Assistant is employed it will be agreed beforehand who retains the medication. (Member or PA).

If a client requires any assistance beyond retrieving the medication from safe storage, it cannot be deemed self administration (i.e. the individual would have to be able to open the medication, check dosage, and administer it themselves).

Although there is no legal requirement for SoLO staff to record medication that is self-administered, our stance is that staff should clearly record this

information, so it can be conveyed to relevant stakeholders appropriately and prevent over dosing.

7. Privacy and Dignity

When administering any medication, staff will take account of the need for privacy and respect for the individual who is being treated. This is particularly pertinent in relation to those medications that require invasive delivery.

8. Restrictions

Where the SoLO PA Manager deems, after assessment, that our staff are unable to assure the safety of a child or adult with complex medical conditions that requires specialist support, this will be conveyed to the prospective client and the service will not commence until such time that those obstacles can be overcome, if at all.

Each case will be considered on its own merit and decisions will be made in full consultation with parents, carers and medical professionals and in the best interest of the client.

9. Retention

“Record of Medication” sheets will be retained for 8 years.

Procedures for Supported Living

The SoLO Project Manager will meet with parent/carers or the client if mental capacity exists, and will work in partnership to ascertain the client's medical needs.

With the consent of parents / carers/client SoLO may wish to make further investigations with medical professionals to discuss how these needs can be met whilst maintaining the safety of both the client and staff.

1. Registration

All parent/carers/clients will be asked to complete a user profile form as part of the overall Care Plan. This should include all information that is important to the health and safety of the client.

As a minimum this must include

1. Full details of medical conditions
2. Regular medication and prescribed PRN (as needed drugs)
3. Emergency medication and full details of when medication should be administered (indication) and maximum dosage, including clear instructions of when emergency services should be contacted
4. Medical / food allergy status. (if no allergies are known, parent/carers must write 'nil')
5. Special dietary requirements
6. Emergency contact numbers
7. Name, address and telephone number of the GP
8. If a medication is started/changed/stopped then a copy of an updated form must be completed and given to the office to update records and pass onto the Supported Living team.

It may be necessary for SoLO to check medical information with medical advisers should any concerns be raised. SoLO will not begin the service until the above has been provided, and associated risk assessments completed for staff to follow. Any SoLO staff member who is responsible for a client should have access to the personal profile including the emergency medication form.

2. Receiving medication

As a minimum standard, when commencing the service parent/carers/clients are required to provide:

- sufficient medication for the next prescription to be processed,
- medication packaged in original packaging with original labelling clearly showing name of medication, dosage, frequency of administration and patient's appropriate details,
- medication that is in date.

As a minimum standard, the Member of the Supported Living team receiving the medication is required to:

- Count medication when received and document on the MARs chart,
- Check that medication is packaged in original packaging with clear labelling showing name of medication, dosage and patient's appropriate details,
- Check that medication is in date.

When satisfied with all of the above, sign in the medication using black ink and legible handwriting. The Project Manager is responsible for ensuring that staff are aware of medications of individuals.

Although Controlled drugs are not required to be recorded on a separate CD register when within someone's own home, or stored in a separate cupboard, SoLO will adopt this practice and conduct monthly audits.

Storage

As a minimum standard:

Within Supported Living medication will be stored in a secure cabinet, and the sufficient dosage for the individual should be taken out if there is a possibility it may be required whilst outside of the house. E.g. emergency medication. Consideration must be given to the required temperature of the medication storage facility. A medication that should be stored at room temperature means between **15 to 25 degrees Celsius**; cool temperature means between **8 to 15 degrees Celsius**; refrigeration means between **2 to 8 degrees Celsius**; and freezing temperature means **-10 to -25 degrees Celsius**.

Medication that is required to be kept in a fridge must be stored in a sealed. Locked container within the fridge and the temperature will be checked at regular intervals. If the quantity of such drugs determines that it is not feasible to store it in the normal fridge, a separate one will be purchased for this purpose.

Inhaled treatment for asthma should be kept by staff, but does not need to be locked away. The member must not self-administer inhalers without informing SoLO staff.

Within Supported Living Prescribed medication will be checked in as it arrives, and recorded on MARs sheet. "Homely remedies" such as cough mixture, cold remedies, anti-acids (Gaviscon/Rennies..) must be confirmed as suitable by a pharmacist with the knowledge of the individuals other medication. Any doses administered will be noted on a separate Medication administration record.

All medication will be counted, reconciled, and recorded as it is used on the relevant count down sheet.

4. Administration of Medication

As a minimum standard, The SoLO worker is required to:

- Check that medication is packaged in original packaging with clear label showing name of medication, dosage and patients appropriate details,
- Check that medication that is in date,
- Check allergy status and report any concerns to Project Manager. Medication must not be administered even if it is requested and signed for by parent/carers on the Medication form if staff are concerned that it contravenes the allergy status,
- Administer medication in accordance with the instructions on the individual's profile and the packaging, using pack-pot-person method for tablets and oral syringe or measuring spoon for liquids,
- All medications should be second checked by a fellow member of staff who has received the appropriate training where possible, however it is recognised that within the supported Living Service this will not always be possible,
- Ensure that any medication administered is recorded on the MARS sheet using appropriate code, black ink and legible handwriting and counter signed at the point of administration, **unless lone working**
- Particular attention must be given to time sensitive medication which specifically needs to be taken before or after food,
- Inform the Manager immediately if, for any reason, medication is not administered, and document on an incident report form & MARs sheet.

In relation to the administration of Invasive medication

The training for invasive or specialist medication administration needs to be provided by a qualified nurse or recognised healthcare professional.

If lone working the SL staff member will complete the medication administration record noting the required amount of medicine before administering and then confirming the amount given with time and signature and ringing into the office to confirm these details when practical to do so (i.e. do not delay supporting the individual in accordance with their protocol) The person taking the call at the office will make a record of the date and time of the phone call, the dosage of medication given and by whom and pass this onto the relevant Project manager.

Self Administration

If a client requires any assistance beyond retrieving the medication from safe storage, it cannot be deemed self administration (i.e. the individual would have to be able to open the medication, check dosage, and administer it themselves).

Although there is no legal requirement for SoLO staff to record medication that is self-administered, our stance is that staff should clearly record this

information, so it can be conveyed to relevant stakeholders appropriately and prevent over dosing.

6. Privacy and Dignity

When administering any medication, staff will take account of the need for privacy and respect for the individual who is being treated. This is particularly pertinent in relation to those medications that require invasive delivery.

5. Re-ordering & returning medication

Within Supported Living, all medication –emergency, regular, PRN, will be counted in and out as it is used, and recorded on the appropriate record sheet. Staff will support tenants in the ordering and collection of prescriptions, disposal and returns to the pharmacy as required. Staff will check medication received against the prescription submitted and report any discrepancies to the pharmacy.

7. Restrictions

Where the Supported Living Manager deems, after assessment, that our staff are unable to assure the safety of an adult with complex medical conditions that requires specialist support, this will be conveyed to the prospective client and the service will not commence until such time that those obstacles can be overcome, if at all.

Each case will be considered on its own merit and decisions will be made in full consultation with parents, carers and medical professionals and in the best interest of the client.

8.Retention

MARs sheets will be retained for 8 years.

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The attached appendices give more detailed guidelines in respect of different medical conditions which are common to our client group.

Appendix one

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.

1. If staff are assisting member with their inhalers, a consent form from parent/carers should be in place. Individual Care Plans need only be in place if members have severe asthma which may result in a medical emergency. As part of the profiling, staff will be given full information on how the asthma attack presents itself and how to react to it. Also, they will be given information on the correct technique to be used to get the maximum effect from the medication.
2. Inhalers **MUST** be readily available when members need them. If the member is too young or not able to take responsibility for their inhaler, it should be stored in a readily accessible safe place.
3. All inhalers should be labelled with the member's name.
4. Some children particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name.
5. Staff should take appropriate action if the owner or other members misuse inhalers.
6. Parent/carers should be responsible for renewing out of date and empty inhalers.
7. Parent/carers should be informed if a member is using the inhaler excessively over normal usage.
8. If members are going on offsite visits, inhalers **MUST** still be accessible.

Appendix two

GUIDELINES FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

Buccal Midazolam is a treatment in the event of a seizure, and it is administered orally. Buccal Midazolam can only be administered by a member of staff who has been correctly trained and holds a valid training certificate. Training will be updated as a minimum every two years.

1. Buccal Midazolam can only be administered in accordance with the members written care plan and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to obtain a new prescription sheet from the GP.
2. The consent form and prescription sheet must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
3. Buccal Midazolam can only be administered by designated staff who have received training from a suitability qualified trainer. A list of appropriately trained staff will be kept.
4. The consent form and the prescription sheet must always be checked before Buccal Midazolam is administered, as well as the information, name, drug and expiry date.
5. Administration must be witnessed and counter signed by a second person – where possible.
6. The member must not be left alone until fully conscious, and then regularly observed afterwards until given over to the care of his/her parent/carers.
7. The amount of Buccal Midazolam administered must be recorded on the the record of medication sheet, signed with a full signature of the person who has administered the Buccal Midazolam, and dated. A note must also be made in the individual's record card or communication book, and an incident report completed.
8. Each dose of Buccal Midazolam must be labelled with the individual member's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.
9. If the member does not come out of the seizure fit, after the administration of medication **in line with the protocols**, emergency assistance must be called.

Parents should be contacted after administration of medication

If members are going on offsite visits, Buccal Midazolam **MUST** still be accessible.

Appendix three

GUIDELINES FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

Rectal Diazepam is a treatment in the event of seizure and it is administered via the rectum.

Rectal Diazepam can only be administered by a member of staff who has been correctly trained and is confident in the procedure. Training will be updated at least every two years.

- Rectal Diazepam can only be administered in accordance with the members written care plan and the signed parent/carer consent form. It is the responsibility of the parent/carer if the dose changes, to inform the Project Manager or Project Leader.
- The consent form and prescription sheet must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
- Only designated staff who have received training from the professional nurse can administer Rectal Diazepam. A list of appropriately trained staff will be kept.
- The consent form and the prescription sheet must always be checked before Rectal Diazepam is administered, as well as the information, name, drug and expiry date.
- Administration must be witnessed and counter signed by a second person.
- The member should not be left alone until fully conscious, and then regularly observed afterwards until given over to the care of his parent/carers.
- Consideration should be given to the member's privacy and dignity at all times.
- The amount of Rectal Diazepam that is administered must be recorded on the members' Rectal Diazepam record card (if held) or communication book. The record must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated. A second independent signature should also be used **if possible**.
- Each dose of Rectal Diazepam must be labelled with the individual members name and stored in a locked cupboard. The keys should be readily available to all designated staff.
- If members are going on offsite visits, Rectal Diazepam **MUST** still be accessible.
- If the person does not come out of the seizure, after the administration of medication in line with their protocol, emergency assistance must be called.

Appendix four

PROTOCOLS FOR ADMINISTERING EPI-PEN

Anaphylactic shock can result from allergy to certain types of food (peanuts or the white of an egg, for example) plants, insect bites, injections or environmental pollutants.

Initially the symptoms, which can be a severe allergic reaction, are likely to be mild, in the early stages more like an asthma attack, but as the sensitivity develops it could worsen to the point of becoming life threatening, where the allergic reaction has developed into anaphylaxis.

It is important that when it is suspected that someone is having an anaphylactic reaction that emergency help is requested at the earliest opportunity. When such severe allergies are diagnosed in childhood, the children concerned are made aware by their parent/carers of what they can and cannot eat or drink, and in the great majority of cases they go through the whole of their lives without incident.

**However it is possible, that a member will eat something, unaware that it contains the substance to which he or she is allergic.
If food is provided by SoLO it is the responsibility of staff to ensure that no ingredients contravene the child's allergy status.**

When a member who has been diagnosed as having anaphylaxis is accepted by SoLO onto a project, or develops the condition whilst accessing SoLO's service, that as much information as possible is obtained from:-

- (a) the parent/carers
- (b) the child's GP
- (c) the local Community Paediatrician

An agreed procedure should be developed to deal with the possible situation which might (but hopefully never) arise.

It would be unreasonable to expect a parent/carer to be on call throughout the day for such an eventuality, and in any event it is likely that they would be too far away to be able to respond quickly enough.

Life-saving treatment/medication such as use of an Epi pen does not require trained staff to administer, but SoLO's stance is to train staff who regularly work with individuals who may require this.

ADMINISTERING EPI-PEN MEDICATION

Treatment for anaphylactic shock basically involves

- a. giving an injection of adrenaline to reduce the allergic reaction to relax the muscles and so reduce the individual's breathing difficulties and
- b. calling an ambulance

The thought of giving an injection could give concern to some staff. It is important to provide reassurance on this matter by pointing out that:

- * this is a life saving treatment
- * it is not possible to overdose the individual with the drug provided
- * the individual cannot be harmed with the syringe supplied
- * there is no risk of injecting air into the bloodstream because there are no veins or arteries in the front or side of the thigh, the area where the medication is administered.

The Epi-pen is now the most commonly prescribed treatment. This has an enclosed needle that shoots a set amount of medication directly into the thigh at the push of a button and is available on a named patient basis only.

An Epi-pen should be stored at room temperature and be replaced just before its stated expiry date (2 years).

Ideally the adrenaline should be administered within three minutes, as this could be critical for the survival of the child or adult. The individual should always be treated as quickly as possible.

STAFF SUPPORT

Individuals of staff cannot be required to administer drugs and medicines without adequate training. Training will be provided to those who are willing to take part in this procedure by appropriately trained medical personnel.

Wherever possible, a number of staff will be trained in administering the medication. Staff do not need to be qualified first aiders before they can be trained to administer medication. However, it is best practice that the staff identified should be able to

- i put the individual in the recovery position
- ii render emergency resuscitation

The likelihood of an individual with anaphylaxis eating or drinking something to which they are allergic during a session is remote, but there is always the chance that this could happen at lunch times and therefore it is vital to ensure that there is adequate cover by trained staff at all times.

STAFF TRAINING

Generic training will be provided by a suitability qualified health practitioner for example school nurse or a practice nurse. The training will cover every aspect of the procedure including, how to administer the medication.

Where more specialist knowledge/action is required the trainer will provide, full details of the emergency procedure needed specific to each individual. The need for re-training or further training is reviewed at regular intervals, and the health practitioner accepts full responsibility for the advice and training given.

THE SYMPTOMS

The symptoms and treatment in respect of each individual who has been diagnosed will be fully documented by SoLO.

Typical symptoms of the onset of anaphylactic shock are:

- * the individual complaining of being unwell
 - * restlessness
 - * a change in voice
 - * a change in face colour
 - * rising anxiety
 - * swelling of mouth/tongue
 - * difficulty in breathing
 - * decreased level of consciousness
 - * collapse
- } if any of these occur the situation is life-threatening

TREATMENT

In the event of an individual showing the symptoms described above, this procedure should be followed:

1. **If at any point the individual stops breathing, emergency resuscitation procedures should be followed.**
2. Alert other individuals of staff immediately to the possibility of an emergency situation.
3. Stay calm and reassure the individual. It can be a frightening experience for him/her.
4. Place the individual in a quiet room, if possible. If they are conscious, sit them upright. One person, preferably a first aider, should remain with the child whilst another collects the medication.
5. Alert another member of staff (if possible) to call an ambulance and inform the parent/carers. (As part of the training, staff will already have been instructed to dial 999 and state that the individual is having breathing difficulties but state likely cause to be anaphylaxis).
6. Administer the medication in line with training given. The Epi-pen should then be handed to the ambulance crew when they arrive.
7. Keep the individual warm.
8. Monitor the individual's condition.
9. The individual must be sent to hospital in an ambulance for checks to be made.
10. If there is no improvement in the individual's condition within 10 minutes then a second dose can be administered.
11. Make a record of what has occurred and medication administered, on the record of medication sheet, and complete an incident report. If the adrenaline or Epi-pen have been used, arrangements should be made with the parent/carers to replace it.

12. If individuals are going on offsite visits, adrenaline or Epi-pen MUST still be accessible.

MANAGEMENT

At the point at which parent/carers inform SoLO or another service that their son or daughter has been diagnosed as having anaphylaxis, Project Managers should begin the process of gathering as much information as possible to ensure that the situation can be managed effectively with a minimum of disruption. Advice from the a Health Practitioner should **always** be sought

This should provide useful information on known triggers which may allow the staff to plan to minimise the chances of a reaction occurring e.g. planning for snacks, and meal times (when food might be shared)

The handling of medication in relation to epi-pen will adhere to the general policies regarding medicines management covered earlier in this policy.

FURTHER ADVICE

Further advice is available for staff from:

Anaphylaxis Campaign
P O Box 149,
Fleet,
Hampshire
GU13 9XU

01252 542029

Appendix five

Supporting those with insulin-dependent Diabetes

Medication

Diabetes medication lowers blood glucose levels, and there are a number of different types which work in different ways. People with Type 2 diabetes may need medication including insulin. Diabetes medication cannot cure diabetes, and most people will have to take it for the rest of their lives.

The type of medication the person will require will depend on their own individual needs and situation, so at the initial assessment or review, a full discussion should take place about the medication they are on and how it is administered. Whichever medication they are prescribed, it will only work and help control their diabetes if they take it properly and regularly. They will also have been advised by their doctor or pharmacist how much medication to take and when to take it - in relation to their food intake – before, during or after food.

Despite keeping to a healthy diet, physical activity and taking diabetes medication regularly, diabetes control can fluctuate. This is because Type 2 diabetes is a progressive condition and, over time, the person may more help to manage your blood glucose levels.

It is important, therefore, to be vigilant to look for signs of problems.

Types of diabetes medication

The medication that is right for the person will be prescribed and must be written clearly on the medical records and checked against the medication before it is given.



Insulin

Insulin is a hormone made by an organ in the body called the pancreas. The pancreas lies just behind the stomach. The function of insulin is to help our bodies use glucose for energy. Everyone with Type 1, and some people with Type 2 diabetes, needs to take insulin to control their blood glucose levels.

The three groups of insulin

There are three groups of insulin – animal, human (not from humans but produced synthetically to match human insulin) and analogues (where the chemical structure of human insulin has been changed to make the insulin work quicker or last longer). Nowadays, most people use human insulin and insulin analogues, although a small

number of people still use animal insulin because they have some evidence that they otherwise lose their awareness of hypos, or they find animal insulin works better for them.

The main types of insulin

There are seven main types of insulin:

- **Rapid-acting analogues** should ideally be injected just before food and have a peak action at between 0 and three hours. They tend to last between two and five hours and only last long enough for the meal at which they are taken. They are clear in appearance.
- **Long-acting analogues** tend to be injected once or twice a day to provide background insulin lasting approximately 24 hours. They don't need to be taken with food because they don't have a peak action. They are clear in appearance.
- **Ultra long-acting analogues** are mainly used by people who are unable to inject themselves as they can provide background insulin for up to 42 hours. They should be injected once at any time of the day, preferably at the same time. They don't need to be taken with food because they don't have a peak action. They are clear in appearance.
- **Short-acting insulins** should be injected 15–30 minutes before a meal to cover the rise in blood glucose levels that occurs after eating. They have a peak action of two–six hours and can last for up to eight hours. They are clear in appearance.
- **Medium- and long-acting insulins** are taken once or twice a day to provide background insulin or in combination with short-acting insulins/rapid-acting analogues. Their peak activity is between four and 12 hours and can last up to 30 hours. They are cloudy in appearance.
- **Mixed insulin** – a combination of medium- and short-acting insulin.
- **Mixed analogue** – a combination of medium-acting insulin and rapid-acting analogue.

Injecting insulin

The needles used to inject insulin are very small as the insulin only needs to be injected under the skin (subcutaneously) – not into a muscle or vein. Once it's been injected, it soaks into small blood vessels and is taken into the bloodstream. As your confidence grows and you become more relaxed injections will get easier and soon become second nature.

There are three main areas where you can inject insulin – stomach, buttocks and thighs. Sometimes the healthcare team may recommend other sites such as the arms. As all these areas cover a wide skin area you should inject at different sites within each of them.

It is important to rotate injection sites, as injecting into the same site can cause a build-up of lumps under the skin (also known as lipohypertrophy), which may lead to erratic absorption of the insulin which will affect control of blood glucose levels.

How to inject insulin safely

How should I inject?

- Learn how to inject properly
- Rotate injection sites

- Test blood glucose levels as recommended
 - Make sure your hands and the area you're injecting are clean.
1. Eject two units of insulin into the air to make sure the tip of the needle is filled with insulin (this is called an 'air shot').
 2. Choose an area where there is plenty of fatty tissue, such as the tops of thighs or the bottom.
 3. If you have been advised to, lift a fold of skin (the lifted skin fold should not be squeezed so tightly that it causes skin blanching or pain) and insert the needle at a 90° angle. With short needles you don't need to pinch up, unless you are very thin. Check with your diabetes healthcare team.
 4. Put the needle in quickly. If you continue to find injections painful, try numbing an area of skin by rubbing a piece of ice on the site for 15–20 seconds before injecting.
 5. Inject the insulin, ensuring the plunger (syringe) or thumb button (pen) is fully pressed down and count to 10 before removing the needle.
 6. Release the skin fold and dispose of the used needle safely.

Individual to use a new needle every time. Reusing a needle will make it blunt and can make injecting painful.

- **Why do I need to rotate injection sites?** If you keep injecting into the same area (and site) small lumps can build up under the skin. They don't look or feel very nice and they make it harder for the body to absorb and use the insulin properly. So it's important that you change the spot that you use each time.
- **Will it hurt?** The needles used are very small and you inject under the skin (subcutaneously) and not into a muscle or vein. At first, the injections may be a little painful or uncomfortable – this is usually because you are tense or anxious. But as your confidence grows, they will get easier and soon they'll become second nature.
- **Who will teach me?** Usually the diabetes specialist nurse, will teach you how and when to inject.
- **What should I do with my needles and lancets when I have used them?** Always dispose of them in a special sharps disposal bin and not in your normal rubbish bin. Sharps disposal bins and needle clippers are available for free on prescription and are designed to keep people safe from harm.
- **What happens when my sharps disposal bin is full?** Arrangements differ across the UK so please speak to your diabetes team to find out what you need to do.

Storing insulin

All insulin needs to be kept at temperatures lower than 25°C/77°F, ideally between 2 and 6°C/36 and 43°F. Normal room temperatures are below 25°C but they can be warmer in the summer. Therefore any insulin you are not currently using should be stored in the fridge – throughout the year. Don't put it in – or too close to – the freezer compartment, as the insulin may be damaged. Any insulin that has been out of the fridge for 28 days or more should be discarded.

Some insulins have slightly different storage needs, so always read the patient information leaflet that comes with yours.

Disposing of needles and lancets

The needles used for injecting insulin need to be disposed of carefully, to avoid the risk of injury or infection. You can dispose of your needles, syringes and lancets in a sharps disposal box. A clipper, a device that enables you to safely snap off sharps from your syringes/pens, can also be useful as a method of storage. The clipper needs to be disposed of in a sharps disposal box when full in accordance with your local guidelines for clinical waste disposal.

- Sharps disposal boxes and clippers are available on prescription (FP10 prescription form) in all four nations of the UK.
- There are different schemes and arrangements in place for the safe disposal of your sharps disposal box once it is full. Schemes vary from nation to nation and even down to the locality, and your local healthcare provider should have information about local disposal methods.

Specific SoLO Guidelines for giving Insulin Injections and storage of medicines

Some individuals will have an Epi-pen which will be preloaded with the correct dosage. However, you **must** check the dosage with the medical records to ensure that the correct dosage is administered.

If a syringe is used, then the instructions above must be adhered to, where possible, 2 trained individuals of staff who can administer medication will be required to administer insulin when required and keep a written log on the "Record of medication" sheet. Medication will be stored in accordance with the above guidelines.

Where the support is given in the community, the storage and handling of the insulin should be in accordance with the medical advice given by the qualified nurse. Where the support given is on a one to one basis, a full risk assessment will be written in relation to the insulin administration and any control measures identified followed. These control measures could be:

- Staff individual to note on record log the required amount of insulin before administering, checking against the medication consent form
- The staff member should call the office to speak to a manager, or on-call person after administering the insulin, providing details of the time and amount given. An incident report should also be completed and forwarded to the Project Manager, but not until there is no risk to the individual being supported.

The training for the staff must be provided by a qualified nurse.

Reference:

<https://www.diabetes.org.uk/Guide-to-diabetes/What-is-diabetes/Diabetes-treatments/>