POLICY AND PROCEDURE

Medicines Management Policy

Category: Staff

SoLO
Life
Opportunities

38 Walnut Close,
Chelmsley Wood,
Birmingham,
B37 7PU

Charity No. 1102297
England Company No.
5025939

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 if it is reasonable & safe to do so.

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 attending Projects to take medication within the session.

This policy covers any member 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, as well as the parent/carers of members registering to attend SoLO Projects. 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.

Specific staff will be provided with appropriate training to safely administer medication at least every two years. Only staff with the appropriate training can administer medication. **If any changes are made to this policy then all stakeholders will be provided with written updates.**

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

Procedures

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 (halal) and food allergies.
6. Emergency contact numbers
7. Name, address and telephone number of the member's GP
8. If a medication is started/changed/stopped prior to the session then a copy of an updated form must be completed and given to the Project Leader/Personal Assistant 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 any child on scheme where the above has not been provided

Any SoLO staff member who is responsible for a member should have access to 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, ~~date~~, dosage, frequency of adminstration and patient's appropriate details~~s~~
- 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 for the transfer.

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

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

When satisfied with all of the above, sign in the medication. If not satisfied, the member cannot be accepted and staff member to refer to Project Leader.

- All medication should be handed to the Project Leader as soon as it arrives on the premises and immediately stored in a locked container.

The Project Leader or nominated Support Worker (or Agency Nurse) is responsible for ensuring that staff are aware of medications of individual members.

Storage

As a minimum standard:

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

- A check will be made of the medication storage facility prior to the beginning of the scheme and at the end of the scheme.

4. Administration of Medication on Scheme

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, ~~date~~, dosage and patients appropriate details
- Check that medication that is in date
- Check allergy status and report any concerns to Project Leader. Medication must not be administered even if it is requested and signed for by parent/carers on the Administration form if staff are concerned that it contravenes the allergy status.
- Ensure that the correct medication is given to the correct child by checking photographic profiles at the point of administration
- Administer medication in accordance with the instructions on the child's profile and the packaging
- **All medications must be second checked by a fellow member of staff who has received the appropriate training. 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 Administration Form' and counter signed at the point of administration
- ~~Ensure that the correct medication is given to the correct child by checking photographic profiles at the point of administration~~
- Inform the Project Leader or parent/carer immediately if, for any reason, medication is not administered and document on an incident report form.
- Inform the project leader of any medication which is administered during the session.

No medication will be given to a member without the full parent/carer consent through the Administration Form.

5. Returning medication

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

- Count medication left, ensuring that it reflects medication used during the day
- Check the packaging is correct
- Hand the correct medication to the correct parent/carer and the signed for medication form to document return

6. Self Administration

Should the member be expected to administer their own medication, SoLO may ask for a professional opinion to check procedure and technique before accepting full responsibility for the individual's health, safety and well being. Self administered medication must also be given to the Project Leader for safe keeping if on a project. Where a Personal Assistant is employed it will be agreed beforehand who retains the medication.(Member or PA).
Members are expected to inform SoLO staff is medication is self administered. Staff must clearly document this information so it can be conveyed to parents appropriately.

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 any child or adult that can be safely accommodated on scheme, regardless of their level of disability of medical condition. However, where SoLO Project Manager deems, after assessment, that our staff (who are not medically trained) 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 be (but not exhaustive):

- The child can only attend if supported by an appropriately trained medical person (who is sub-contracted by SoLO or seconded by another agency and is able to work on the SoLO's scheme).
- 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.

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 child.

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 ~~(which is…..?)~~ 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 ~~(requiring more than 10 puffs?).~~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 the staff who has been correctly trained and holds a valid training certificate. Training will be updated at least once a year.

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.

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 member's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, and dated.

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 fit, after the administration of medication in line with the protocols, emergency assistance must be called.

~~9.~~10. ~~I would suggest that after midazolam administration then the P~~parents should be contacted after administration of medication to ensure the child can stay at scheme.~~?~~

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 holds a valid training certificate. Training will be updated at least every three years.

1. 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.

2. 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.

3. Only designated staff who have received training from the professional nurse can administer Rectal Diazepam. A list of appropriately trained staff will be kept.

4. 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.

5. Administration must be witnessed and counter signed by a second person.

6. 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.

7. Consideration should be given to the member's privacy and dignity at all times.

8. The amount of Rectal Diazepam that is administered must be recorded on the members' Rectal Diazepam record card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated. A second independent signature must also be used.

9. 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.

10. If members are going on offsite visits, ~~-~~Rectal Diazepam MUST still be accessible.

11. If the person does not come out of the fit, after the administration of medication in line with the protocols, 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.

~~Anaphylactic shock can, in exceptional cases, be triggered just by touching the substance which causes the allergy, but touching is unlikely to be enough for the child to need medication.~~

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.

Only staff who have been trained by a qualified medical practitioner are able to administer epi-pen.

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 member's breathing difficulties and
b. calling an ambulance

The thought of giving an injection could give concern to some members of 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 member with the drug provided
- the member 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 member should always be treated as quickly as possible.

STAFF SUPPORT

Members 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 the staff identified should be able to

i put the member in the recovery position
ii render emergency resuscitation

The likelihood of a member 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

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, of course, how to administer the medication.
The trainer will provide, as part of the training, full details of the emergency procedure needed for each individual member.
The need for re-training or further training is reviewed at regular intervals, at least annually, and the health practitioner accepts full responsibility for the advice and training given.

THE SYMPTOMS

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

Typical symptoms of the onset of anaphylactic shock are:

- the member 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 a member showing the symptoms described above, the following procedure should be
followed:

1. **If at any point the member stops breathing, emergency resuscitation procedures should be followed**.
2. Alert other members of staff immediately to the possibility of an emergency situation.
3. Stay calm and reassure the member. It can be a frightening experience for him/her.
4. Place the member 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 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 member 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 member warm.
8. Monitor the member's condition.
9. The member must be sent to hospital in an ambulance for checks to be made.
10. If there is no improvement in the member's condition within 10 minutes then a second dose can be administered.

Ambulance staff must be fully informed of any treatment administered.

10. Make a record of what has occurred and medication administered, for the school's records of the member, for the health services and parent/carers.
11. If the adrenaline or Epi-pen have been used, arrangements should be made with the parent/carers to replace it.
12. If members 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 01252 542029
P O Box 149,
Fleet,
Hampshire
GU13 9XU

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 vigil~~a~~ant to look for signs of problems.

Types of diabetes medication

~~There are several different 'families' (or types) of diabetes medication:~~

- ~~Biguanide~~
- ~~Sulphonylureas~~
- ~~Alpha glucosidase inhibitor~~
- ~~Prandial glucose regulators~~
- ~~Thiazolidinediones (glitazones)~~
- ~~Incretin mimetics~~
- ~~DPP-4 inhibitors (gliptins).~~
- ~~SGLT2 inhibitors~~

The medication that is right for the person will be prescribed and must be written clearly on the medial 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.

Remember 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℃/77℉, ideally between 2 and 6℃/36 and 43℉. Normal room temperatures are below 25℃ 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 members 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 members of staff who can administer medication will be required to administer insulin when required and keep a written log.

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 member to note on record log the required amount of insulin before administering, checking against the medication consent form
- The staff member, before administering the medication, should call the on-call person who will also have the medication records and confirm the dosage.

The training for the staff must be provided by a qualified nurse. No one else is allowed to administer insulin.

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