Direct payments and the administration of anaphylaxis medication policy

Disabled Children & Therapy Service

Children & Family Services
## Current Document Status

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## Document retention

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Introduction

This Policy has been developed following consultation with parents and carers, and healthcare professionals. It has been written to provide clarity for the safe administration of Adrenaline (Epinephrine) injection medication for those children and young people who have been diagnosed with Anaphylaxis and whose families have chosen to receive direct payments following an assessment of their need under Section 17 of the Children Act 1989.

An anaphylactic reaction is an extreme form of allergic sensitivity that involves an abnormal antigen-antibody response to a drug, or other substances, introduced into the body. Although anaphylactic reactions are rare they can occur unexpectedly and be fatal.

This Policy is for use for those who administer treatments where there is a recognized risk of anaphylaxis.

Although legislation provides that no one may administer a prescription only medicine, otherwise than to themselves, unless they are a practitioner or acting in accordance with direction of a practitioner. Adrenaline (Epinephrine) injection BP is exempt from this restriction when administered for the purpose of saving a life in an emergency.

It is the intention of this Policy to ensure that all appropriate employees (personal assistants), who are paid from direct payment funds, can recognize and manage an anaphylactic reaction safely, according to national guidelines, using the appropriate skills.

Purpose & aim of the Policy

The purpose of this Policy is to set out guidelines for the safe use of Adrenaline (Epinephrine) injection BP medication for children and young people who have been diagnosed with anaphylaxis. The main aim of the Policy is to safeguard:

- Children and young people, aged between 0 and 18 years of age, who have been diagnosed as having anaphylaxis and who require the administration of medication;
- Parents and carers as employers of personal assistants through direct payments;
- Personal assistants, as employees, employed by parents or carers of disabled children and young people through direct payments.

Scope

This Policy sets out the local authority expectations in relation to the safe administration of Adrenaline (Epinephrine) injection BP medication for disabled children and young people who have been diagnosed with anaphylaxis and
where direct payments have been assessed as a way of meeting the needs of either a young disabled people aged 16 or 17 with capacity, or those of a disabled child. It applies only in relation to the employment of personal assistants.

Parents and carers of children and young people diagnosed with anaphylaxis should ensure that their employees (personal assistants) are aware of and have access to policy guidelines and the appropriate education, supervision and mechanisms are in place to ensure safe practice. Areas for training needs must be highlighted and addressed.

This Policy does not apply where direct payments are used to purchase care from agencies as these agencies would need to demonstrate that they have their own policies in place and have satisfied the local authority that they are robust enough to safeguard children and young people. This Policy does not apply to schools or settings (for example residential short break settings) where the child or young person attends because these establishments will be covered by their own policies.

The scope of this Policy covers the administration of Adrenaline (Epinephrine) injection BP medication for those disabled children and young people who are known to have and have been diagnosed with a severe allergic reaction or an anaphylactic reaction and to prevent the onset of anaphylaxis.

Regardless of whether the child or young person is capable of safely administering the Adrenaline (Epinephrine) injection themselves, they may still require the help of others (their personal assistant) because the severity of the reaction may hamper their attempts to inject themselves. Adult supervision is mandatory.

If the child or young person is not able to undertake the administration of the Adrenaline (Epinephrine) injection BP medication, this can be undertaken by their personal assistant(s) once the criteria has been met and appropriate training undertaken as outlined in this Policy.

**Policy statement**

This Policy has been developed in line with guidance from the National Institute for Health and Clinical Excellence (2011), NICE guidelines [CG134] published date: December 2011 and the Royal College of Physicians (2009) Emergency treatment of anaphylaxis in adults. The NICE guidelines and evidence were reviewed in November 2016, NICE found nothing new that affects the recommendations in the guidelines set out in CG134. Also, NICE Quality Standard [QS119] which covers the care of adults, young people and children after emergency treatment for suspected anaphylaxis, including referral to a specialist allergy service. This quality standard was published in March 2016.

The Royal College of Nursing (RCN) no longer develops clinical guidelines but focuses now on supporting the development of guidelines through agencies such as NICE and supporting implementation through developing online
learning and resources. The RCN is involved in the development of all NICE guidelines.

It is important to remember that the diagnosis of anaphylaxis in children and young people should be established by a paediatrician with training and expertise in anaphylaxis, and that each child or young person will have their own individual care plan devised by a medical practitioner.

The Royal College of Nursing Guidelines, 2007, used by the Council for Disabled Children to inform, Dignity and Inclusion: Making it Work for Children with Complex Health Care Needs, guidance sets out an advisory list of those procedures which can be safely taught and delegated to non-health qualified staff and state that the administration of medication or invasive clinical procedures should only be undertaken by staff or carers when prescribed by a qualified nurse or qualified medical practitioner, and that **staff and carers should only agree to undertake these tasks if they feel competent and confident to do so.**

In order to safely and effectively support the care needs of children and young people requiring these procedures, comprehensive training needs to be in place and delivered by appropriately qualified nursing staff.

Non-health qualified staff should be trained to deliver care according to set protocols and guidelines and would not be expected to make independent decisions about a child or young person’s care, but refer these to either a parent or health professional.

The permitted tasks for non-health qualified staff and focus of training for these tasks must be on the care as it applies to a **named** child or young person and not broadly interpreted to include other children in their care.

It is the employer’s responsibility to ensure that the **named individuals who are willing** are adequately trained and are competent and confident to administer the rescue medication / adrenaline injection to the child or young person.

The Royal College of Nursing paper, dated October 2014, Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues states: For all unregistered and non-health qualified staff, training for clinical procedures must be child specific and task specific. Each member of staff must be individually assessed and registered nurses who may undertake group training for some aspects have a professional responsibility to ensure each staff member is fully competent.

In this respect the registered nurse is responsible for ensuring staff members are trained for each individual child and that they are individually assessed for each child. It is never acceptable for parents, unregistered health staff, non-health qualified staff or unregistered and non-health qualified company representatives to assess staff as competent.

The most important aspect of the management of children and young people with life threatening allergies is avoidance. Research has shown that fatalities
more often occur away from the home setting and are associated with either not using or a delay in the use of adrenaline treatment.

This Policy follows the updated guidance on Direct Payments, for Community Care, Services for Carers and Children’s Services 2009 issued by the Department of Health. The guidance is available on the Department of Health’s website.

**Policy details**

For the administration of emergency medication by trained staff employed by parents or carers through direct payments the following should be in place:

- An enhanced Disclosure & Barring Service (DBS) check for all personal assistants providing care and support to the disabled child or young person;

- The disabled child or young person must have a diagnosis by a paediatrician. There should be an up to date individual care plan or protocol, for the administration of rescue medication and treatment, for the child or young person, which may be updated annually;

- There should be written information provided to the personal assistant on the steps to take and what to do if an anaphylactic reaction occurs. Parents or carers must make the personal assistant fully aware of the need to alert the Emergency Services;

- The child or young person should have their own adrenaline medication / Epinephrine auto-injector device labelled with the expiry date and their name.

- Anaphylaxis training should have been undertaken covering both severe allergic reaction and anaphylaxis awareness and the administration of rescue medication, before the personal assistant(s) starts working with the child or young person. The training programme must be overseen and approved by a qualified healthcare professional. Where a personal assistant does not meet the criteria set by the healthcare professional to be judged competent to administer the rescue medication, then the healthcare professional will inform both the family and the social care worker.

- All parents or carers must provide the required necessary equipment, for example protective gloves, and prescribed medication, stored securely, in relation to the individual care plan or the anaphylaxis protocol to the personal assistant(s) on all occasions the child or young person is in the care of the personal assistant;

- Adult & paediatric basic life support training (resuscitation) should also have been undertaken by the personal assistant(s) prior to the care of the disabled child or young person who may require the emergency
rescue medication. Refresher training should be undertaken on an annual basis and delivered by a qualified medical practitioner;

- Anaphylaxis training, specific to the individual child or young person, and adult & paediatric basic life support training can be undertaken by the personal assistant before an Enhanced DBS Disclosure is received, in readiness for the receipt of their DBS. However, the personal assistant must not be employed to provide care and support to the child or young person before their DBS Disclosure is issued and the Bureau have notified Cornwall Council (Personalisation Support Team office);

- The cost of attendance for the adult & paediatric basic life support training for personal assistants can be paid from the accrued direct payment funds held in the nominated account. If there are insufficient funds held in the nominated account, parents or carers should make this known to the Personalisation Support Team and an additional one-off payment to cover the course costs for the personal assistants(s) will be paid into the nominated account;

- Parents or carers should ensure that all personal assistants employed by them via direct payments, who are willing and have agreed to undertake these specific tasks, have received up to date training, overseen by a healthcare professional. This training should be undertaken on an annual basis. Parents or carers should ensure that personal assistants are made aware of any changes to their child or young person’s clinical needs or a change to their rescue medication, training must be delivered by a healthcare professional;

- The core content of the adult & paediatric basic life support training (resuscitation) will consist of:
  - Identifying when basic life support is required;
  - To understand the process to follow when performing basic life support;
  - Basic life support including mouth to mouth resuscitation;
  - Techniques to help a victim of choking;
  - Airway management;
  - Resuscitation equipment;
  - Calling the emergency services.

- If a personal assistant, in another worker role, has already undertaken adult & paediatric basic life support training, within the past twelve months, the personal assistant should provide evidence of this and will not be required to undertake this training again until such time as the annual refresher basic life support training is due. In addition to the basic training, it is expected that the healthcare professional will offer individual training as it relates to each child or young person’s unique needs;

- If a personal assistant has a First Aid Certificate that is valid for three years, parents or carers should arrange for a copy of this Certificate to be sent to the Personalisation Support Team. The Council strongly recommends that personal assistants undertake annual refresher training,
over half a day, during any three year certification period. Although not mandatory, this will help maintain the personal assistants basic skills and enable them to keep up to date with any changes to first aid procedures;

- The adrenaline medication must be kept in locations which are safe and secure yet immediately accessible to the personal assistant(s), these locations should be known to all personal assistants providing support to the child or young person. It may be appropriate for older children and young people who understand its proper use to carry their own adrenaline medication. Back up adrenaline medication must also be available;

- The cartridge or disposable pen must always be stored correctly. Needles (sharps) must always be disposed of correctly in accordance with current guidelines and advice provided by the healthcare professional;

- Before any personal assistants are employed, parents or carers should make sure that they have either Home Employment Insurance with Healthcare; or they have full cover employment liability insurance and each personal assistant has their own carers insurance in place which covers them for the administration of medication prior to them starting work. In the first year of receiving a direct payment, the cost of the annual policy will be paid by Cornwall Council directly into the parent or carer’s nominated bank account. In the second and future years, this cost should be met from the accrued direct payment funds; If personal assistants take out carers insurance, they are responsible for making the insurance application themselves and parents or carers can re-imburse them the cost of the policy from the nominated account. Insurance cover may not be valid if personal assistants have not attended appropriate training or refresher training;

- Parents or carers should be aware and in agreement that the personal assistant(s) they employ must not undertake any medical interventions with regards to any other medical care needs the child or young person may have. This includes care of tracheostomy, suctioning, gastrostomy care, ventilation, or administration of nebulisers or oxygen;

- If the child or young person has a high level of medical need, the personal assistant employed must not take sole responsibility for the care of the child or young person, and there will need to be another adult who is able to meet their health needs present at all times.

**Consultation and engagement**

The need for this Policy has been discussed with parents and carers and the staff of the Disabled Children & Therapy Services.

**Performance and risk management**

This Policy will be reviewed on an annual basis, or sooner if practitioners
identify any risks to disabled children and young people or parents or carers, or employees.

Any risks identified will be reported through Social Work Team Managers and may be raised at the Children and Family Services Senior Management Team meetings for discussion and possible inclusion on the directorate risk register via Spa net.

Monitoring and evaluation of the effectiveness of the Policy will be through individual child or young person reviews, direct payments service user groups, and in consultation with healthcare professionals. The Children and Family Services action plan includes the monitoring and evaluation of policies and procedures as one of its objectives.

**Communicating the Policy**

This Policy document will be circulated to all practitioners and shared with parents, carers and health colleagues; it will also be available on the web site.

**Breaches and non-compliance**

If the Policy and procedures set out in this document are not followed then the Local Authority will not be able to offer direct payments to disabled young people, or the parents and carers of disabled children and will seek alternate provision from an appropriately qualified provider to meet their need.

**Information and training**

Guidance for the emergency treatment for an anaphylactic episode in children and young people and NICE Quality Standard QS119 is available from the NICE website at [www.nice.org.uk](http://www.nice.org.uk).  

NICE clinical guideline CG134 and the quick reference guide are available at: [www.nice.org.uk/guidance(CG134](http://www.nice.org.uk/guidance) and can be ordered from the NHS Response Line on 0870 1555 455.

Further information about the National Institute for Clinical Excellence (NICE), the Clinical Guidelines Programme or for versions of assessment to confirm an anaphylactic episode and the decision to refer after emergency treatment for a suspected anaphylactic episode guidelines (including the sources of evidence used to inform the recommendations for care), is available from the NICE website at: [www.nice.org.uk](http://www.nice.org.uk)

Further information regarding severe allergic reactions or anaphylaxis is available from nursing and healthcare specialists. Further information on training for adult and paediatric basic life support (resuscitation) is available from the Personalisation Support Team, Cornwall Council.
Evaluation and review

The Policy will be reviewed in May 2018.

Policy document prepared by: Alison Bancroft, Personalisation Support Team Manager

Policy Document agreed by: Yvette Yates, Head of Disabled Children & Therapy Services

Children and Family Services

May 2017

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