Direct payments and the administration of type 1 diabetes medication policy

Disabled Children & Therapy Service

Children & Family Services
**Current Document Status**

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<th>Date</th>
<th>30 May 2017</th>
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<tr>
<td>Location</td>
<td>G:\Direct Payments\Type 1 Diabetes Policy</td>
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**Version History**

<table>
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<tr>
<th>Date</th>
<th>Version</th>
<th>Author/Editor</th>
<th>Comments</th>
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<tbody>
<tr>
<td>August 2012</td>
<td>1</td>
<td>Alison Bancroft</td>
<td>First draft for consultation</td>
</tr>
<tr>
<td>April 2013</td>
<td>2</td>
<td>Alison Bancroft</td>
<td>Updated</td>
</tr>
<tr>
<td>May 2015</td>
<td>3</td>
<td>Alison Bancroft</td>
<td>Updated</td>
</tr>
<tr>
<td>May 2017</td>
<td>4</td>
<td>Alison Bancroft</td>
<td>Updated</td>
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**Document retention**

| Document retention period | 5 years in hard and electronic copies. |
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Introduction

This Policy has been developed following consultation with partners in health, parents and carers, and the Department of Health. It has been written to provide clarity for the safe administration of type 1 diabetes medication for those children and young people who have been diagnosed with type 1 diabetes and whose families have chosen to receive direct payments following an assessment of the child or young person’s identified needs under Section 17 of the Children Act 1989.

Purpose & aim of the Policy

The purpose of this Policy is to set out guidelines for the safe use of type 1 diabetes medication for children and young people who have been diagnosed with type 1 diabetes. 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 type 1 diabetes 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 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 type 1 diabetes medication for disabled children and young people who have been diagnosed with type 1 diabetes and where direct payments have been assessed as a way of meeting the needs of either 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.

This Policy does not apply where direct payments are used to purchase care from agencies as those 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.

If the child or young person is able to safely prepare and use their own finger pricking device / Blood Glucose Meter for blood glucose testing; and are able to assemble their own insulin medication equipment this must be
undertaken by the child or young person and can be overseen by their personal assistant(s).

If the child or young person is not able to undertake their finger pricking and Blood Glucose Meter reading or inject their own insulin medication, this can be undertaken by their personal assistant once the criteria has been met and training undertaken as outlined in this Policy.

The scope of this Policy covers blood glucose testing using a finger pricking device / Blood Glucose Meter and the administration of Novarapid insulin, Apidra Insulin, Levemir Insulin, Lantus Insulin, or Abasaglar Insulin for those disabled children and young people who have been diagnosed with type 1 diabetes.

**Policy statement**

This Policy has been developed in line with guidance from the National Institute for Health and Clinical Excellence, NICE guidelines [NG18] published date: August 2015, updated with some changes made in November 2016. Changes made in 2016 are clarifications of the 2015 wording, and not new advice written in 2016, so do not carry a [2016] date. The Royal College of Nursing guidance, November 2013, Supporting children and young people with diabetes. And The Royal College of Nursing guidance, October 2014, Managing children with health care needs: delegation of clinical procedures, training, accountability and governance.

The Royal College of Nursing (RCN) no longer develops clinical guidelines but focuses 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 type 1 diabetes in children and young people should be established by a specialist paediatrician with training and expertise in type 1 diabetes, and that each child / young person will have their own individual diabetes 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 have received appropriate training and they are up-to-date in the monitoring of blood glucose testing using a finger pricking device / Blood Glucose Meter and the administration of insulin therapy 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.

This Policy follows the 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 blood glucose testing (finger pricking) and administration of insulin medication by trained care staff employed by parents 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, and prescribed medication by a paediatrician. There should be an up to date Diabetes Care Plan signed by both the Children’s Diabetes Specialist Nurse and parent or carer who will be responsible for ensuring that the Diabetes Care Plan is updated;
Type 1 diabetes training should have been undertaken by the personal assistant, covering type 1 diabetes awareness; the monitoring of blood glucose testing using a finger pricking device / Blood Glucose Meter and the administration of insulin medication, before the carer starts working with the child / young person. The training programme must be overseen and approved by the Children’s Diabetes Specialist Nurse. Where a personal assistant does not meet the criteria set by the Children’s Diabetes Specialist Nurse to be judged competent to monitor the blood glucose levels and administer the insulin medication, then the Children’s Diabetes Specialist Nurse will inform the parent or carer and the allocated worker. Updated training should be provided to the carer if there are changes which have been made to the Diabetes Care Plan; otherwise, diabetes training, specific to the individual child or young person should be undertaken on an annual basis;

All parents and carers must provide the required necessary equipment and medication, stored securely, in relation to type 1 diabetes to the personal assistants 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, prior to the care of the disabled child or young person who requires the blood glucose monitoring and administration of insulin medication. Refresher training should be undertaken on an annual basis, and delivered by a qualified medical practitioner;

Type 1 diabetes 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 tasks, have received up to date training, overseen by a Children’s Diabetes Specialist Nurse on an annual basis. They should also ensure that the personal assistant attends up to date training, if there is a change to the child or young person’s clinical
needs or a change made to their diabetes medication, training must be delivered by the Children’s Diabetes Specialist Nurse;

- 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 training is due. In addition to the basic life support training, it is expected that the Children’s Diabetes Specialist Nurse will offer classroom training;

- 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;

- All parents and carers who are assessed as requiring support and who choose to use direct payments to purchase support for their son or daughter, must ensure that the personal assistant has access to and is provided with protective gloves and that they are used at all times when the personal assistant is undertaking blood glucose testing using a finger pricking device / Blood Glucose Meter;

- If the child or young person is not able to safely prepare their own finger pricking device / Blood Glucose Meter, this must be prepared at home by the parent or carer. The device then needs only to be primed and used. The lancet should be left in the device and correctly disposed of at home;

- If the child or young person is not able to safely assemble and use their own insulin medication equipment, the parent or carer should load the needle / pen at home;

- The finger pricking device / Blood Glucose Meter, insulin cartridge or insulin 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 Children’s Diabetes Specialist Nurse;

- All parents and carers who have chosen to receive direct payment support for their son or daughter must always provide the personal assistant with the completed Home Monitoring Diary indicating the insulin dosage and correctional insulin dosage to administer to the child or young person dependent upon the reading of their blood glucose levels at various times throughout the day. Parents and carers are responsible for providing clear instructions for the insulin dosage amounts. The personal assistant must strictly follow the stated dosage / correctional dosage in combination with the relevant reading of the finger pricking device / Blood Glucose Meter;

- 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 and carers should be aware and in agreement that the personal assistant 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.

- Information for an emergency: NICE guidelines recommend that it is a good idea for children and young people to wear or to carry something, such as a bracelet, that tells people that they have type 1 diabetes, just in case they need help while they’re out.
Consultation and engagement

The need for this Policy has been discussed with parents and carers, the staff of the Disabled Children & Therapy Services, the Paediatric Diabetes Nursing Team, and colleagues in Health.

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 / 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 Spatenet.

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 the Paediatric Diabetes Nursing Team. 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 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 or continue 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 needs.

Information and training

The guidance for the management of type 1 diabetes in children and young people is available from the NICE website at www.nice.org.uk

NICE clinical guideline NG18 and the quick reference guide are available at: www.nice.org.uk/Guidance/NG18 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 type 1 diabetes guidelines (including the sources of evidence used to inform the recommendations for care), is available from the NICE website at: www.nice.org.uk

Further information regarding diabetes is available from the Paediatric Diabetes Nursing Team. Information regarding Adult and Paediatric Basic
Life Support training 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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