



Managing Students with Diabetes Policy

Adoption Arrangements and Date

Review Body: Headteacher
Responsibility: Deputy Head
Policy Type: Non-statutory

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Bennett is a Church of England school where the principal aim is to provide a Christian framework for learning and development. In this context all students are treated with respect, and the safety and well-being of each individual student in the school's care are of prime importance. This policy sets out the school's procedures for managing diabetes safely and appropriately in school – the majority of children will have Type 1 diabetes. We recognise the importance of having a school environment that supports the needs of children with diabetes.

This school aims to provide all children with diabetes the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

When a child with diabetes joins Bennett Memorial, or a current student is diagnosed with the condition, the Paediatric Diabetic Specialist Nurse (PDSN) will arrange a meeting with the student, the parents and the School Nurse to establish how the student's diabetes may affect their school life. This should include the implications for learning, physical activity, social development, and out of school activities. They will also discuss any special arrangements the student may require. The PDSN will also talk through any concerns the family or school may have, and assess training needs. With the student's and parent's permission, diabetes will be addressed with the child's classmates so they are aware of warning signs of a hypoglycaemia or hyperglycaemia and can summon help if required.

Record Keeping During the meeting the PDSN will agree and complete an Individual Health Care Plan (IHCP) of the student's diabetes. This information will be agreed by the parents, School Nurse and the student and kept safe and confidentially in the student's health record in the Nurse's office. It will be updated when necessary. Staff will be notified of the student's condition and any changes through regular staff updates.

It is the parents' responsibility to provide school with all the necessary equipment to effectively manage their child's condition.

What is Diabetes?

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the blood stream.

Type 1 Diabetes is a long-term medical condition where the pancreas no longer produces insulin. Therefore, the body cannot utilise glucose (sugar) effectively. The majority of children have Type 1 diabetes. The children will either manage their diabetes using insulin injections or an insulin pump. They will also need to monitor their blood glucose levels & carbohydrate count their snacks & meals.

Type 2 Diabetes is a long-term medical condition where being overweight & inactive puts pressure on the pancreas & so it does not work effectively – can be diet or tablet controlled.

Medication and Control

The only medication that treats Type 1 diabetes is insulin. Insulin can't be taken by mouth as it is a protein and would be broken down by the digestive juices in the stomach. Therefore it either needs to be injected, or given via a pump. Whether to use insulin injections or a pump will be decided by the child and family and their children's diabetes team. Using a pump doesn't mean that a child's diabetes is more severe.

We will follow the manufacturer's guidelines for the correct storage procedures for any medicines required. Emergency procedures will be identified on the Individual Health Care plan (IHCP) with a list of staff that is trained to administer emergency medication. Medication will be either carried by the student if appropriate or kept in an accessible place.

Injecting at school

Children who need to have an insulin injection at school will need to bring insulin and their injecting equipment into school. In most cases the equipment will be an insulin 'pen' device rather than a syringe.

Using cold insulin can make the injection more painful, so the insulin a child is currently using should be stored at room temperature. Students are encouraged to store spare insulin in the fridge in the Nurse's office. After taking it out of the fridge, insulin can be used for up to one month after which it should be disposed of, whether the cartridge is empty or not. The amount of insulin the student needs to keep at school will depend on how much insulin they are prescribed. Extremes of temperature will destroy insulin, so it will not be placed in the freezer, in direct sunlight or near a radiator or any heat source.

A private area for injecting will always be offered to the student, though others may be happy to inject in public, and this will be allowed too.

Some students may need help with injecting, especially if they're younger, newly diagnosed or have learning difficulties. This assistance will be provided by the School Nurse. In her absence one of two designated trained support staff will be available to assist with this.

Blood Glucose Testing

Most children with diabetes will need to test their blood glucose levels on a regular basis, including at school. Blood glucose testing provides immediate information as to how the child's diabetes is being managed, so that treatment can be given straight away to keep blood glucose within target levels.

Students will have specific times during the day when they do this; however, it may be necessary to test during a lesson. If this is the case the student must be allowed to do so. If a student has a hypo, they must remain where they are & not be sent to the medical room.

Sharps disposal

The needles for insulin pens and the lancets used for blood glucose testing need to be changed after they've been used once. There are sharps disposal bins in the medical room and in the nurse's office for this purpose.

Arrangements for the collection of full sharps bins have been made with a local company.

Hypoglycaemia (hypo)

Hypoglycaemia (low blood glucose) is a blood glucose 4.0mmols or below. Most children and families will call it a 'hypo'. All children with diabetes are likely to have mild hypos from time to time and they can come on very quickly.

They might happen because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.
- sometimes there's no obvious cause.

How to recognise a hypo

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stropky or moody
- becoming pale.

Symptoms can be different for each child and the child's parent can tell you what their child's warning signs are. They will also be listed in the child's IHCP. Some children may not have any symptoms.

Treating a hypo

Hypos must be treated quickly. If left untreated, the blood glucose level will continue to fall and the child could become unconscious & may have a seizure.

All diabetic students must have snacks on their person to treat a hypo. They should also have spares kept in the med room in an unlocked cupboard.

Some children will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help. Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to prevent/treat a hypo.

If they are not managing it effectively call for the school nurse or the designated first aider immediately. A child should not be left alone during a hypo – nor be sent off to get treatment for it.

What to do:

- Immediately give something sugary to eat or drink, eg Lucozade, non-diet drink, glucose tablets, fruit juice.
- After 15 minutes, check blood glucose level again. If the blood glucose level is still below 4.0mmols, repeat the above.
- Check the blood glucose again in 15mins, once above 4.1mmols, then give the student a snack eg fruit, biscuit or a meal if due.

The child's IHCP will describe individualised symptoms and treatment for each student with diabetes. Parent or PDSN will tell you if they need a follow-on snack.

Once a hypo has been treated and the blood glucose is > 4.1 mmols there is no reason why the child should not continue with whatever they were doing, though it can take up to 45 minutes for them to fully recover.

A bed is provided in the medical room should they require longer to rest and recover following a hypo.

All school staff should know the signs of a hypo, what to do should a child have a hypo. A hypo action guide should be displayed in each classroom for guidance.

Unconsciousness

In the unlikely event of a child losing consciousness, do not give anything by mouth. Place them in the recovery position (lying on their side with the head tilted back). Call for the school nurse, who will put the emergency procedures into place.

Hyperglycaemia

Hyperglycaemia happens when blood glucose level is >14 mmols. All children are likely to have high blood glucose levels sometimes, and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

How to recognise hyperglycaemia

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

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

If a child starts to develop these symptoms, it means that they don't have enough insulin to convert glucose into energy and glucose is building up in their bloodstream. Their body is also starting to break down its fat stores as an alternative energy source. This produces acidic by-products called ketones.

Ketones are harmful to the body and it tries to get rid of them through the urine and the breath (you can often smell ketones on the breath, it smells like pear drops or nail polish remover).

Treating hyperglycaemia

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

Treatment includes:

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

The child's parent or PDSN will tell you what treatment is needed and when, and it should also be detailed on the child's IHCP.

NB: Both hypo- and hyperglycaemia can affect a child's behaviour, so if a child is behaving out of character, it may be worth checking their blood glucose levels.

Diabetic ketoacidosis (DKA)

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

How to recognise DKA

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

- vomiting
- deep and rapid breathing (over-breathing)
- an unusual smell on the breath (ketones smell of nail polish remover).

Treating DKA

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

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

Food

There is no special diet for children with diabetes, they should follow the same healthy balanced diet recommended for every child. The student's parent and PDSN will give specific advice about individual student's food intake, and it will also be included in their IHCP

Snacks may need to be eaten during class time and the child's parent or PDSN will advise on whether a child needs snacks and when, and which snack is most appropriate.

Students with diabetes must be allowed to eat regularly during the day. The School operates staggered lunchtimes but special arrangements will be made, when required, for students with diabetes to access the dining hall at will.

Physical activity

Exercise and physical activity is good for everyone, including children with Type 1 diabetes. The majority of children with diabetes should be able to enjoy all kinds of physical activity and diabetes shouldn't stop them from taking part or being selected to represent school and other teams. But children will need to plan for physical activity, because all forms of activity (such as swimming, football, running and athletics) use up glucose. This can mean that their blood

glucose level falls too low and they'll have a hypo (low blood glucose level). On the other hand, if their blood glucose is high before getting active, physical activity may make it rise even higher.

The way a child prepares for activity will vary depending on:

- when they last injected their insulin
- the type of physical activity they'll be doing
- the timing of the activity and how long it will last
- when they last ate
- their blood glucose level.

So they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose
- inject in a particular site
- check their blood glucose more regularly
- ensure a good fluid intake.

School staff should talk to the child's parent or PDSN who will advise on the specific preparation required. This should also be clearly written down in the child's IHCP.

Insulin pumps and activity

Some insulin pumps need to be disconnected if the child is taking part in contact sports or swimming.

Pumps should not be disconnected for too long because they use rapid acting insulin and while they are disconnected no more insulin will be getting into the body. This means that the blood glucose will start to rise. To make sure that blood glucose levels stay as stable as possible, the pump must be reconnected as soon as the activity is over and the child's blood glucose level should be checked. They might need some extra insulin as well.

In the case of extended activity the child may need to check their blood glucose level during the activity, as it may have started to rise. If necessary, they might need to take some more insulin, either by reconnecting the pump for a short time or by giving an insulin injection.

School Visits

Children with diabetes should enjoy the same opportunities at school as any other child, and this extends to out-of-school visits, including overnight stays and stays abroad. School staff who organise out-of-school visits should be aware of how a child's diabetes might impact on their participation but there should be enough flexibility to ensure a child can participate.

Differences in activity levels and food intake on school trips can affect a child's blood glucose level. Extra activity or eating less can make blood glucose levels drop, whereas excitement and eating more can make them rise. But this can be managed with advice from the child's parent or PDSN, so it's important to discuss the trip with them as soon as possible.

It is important to know how confident a student with diabetes is at managing their own injections and monitoring their own glucose levels before deciding on appropriate staffing for trip. If a student is not confident in managing all aspects of their condition for a day trip or an overnight visit including

administration of medication, then a trained member of staff will need to accompany the student to assist. A copy of the student's IHCP is taken on the trip.

Students need to remember to take their insulin and injection kit with them, even those who would not usually take insulin during school hours, in case of any delays over their usual injection time. They will have to eat some starchy food following the injection, so should also have some extra starchy food with them. They should also take their monitoring equipment and their usual hypo treatment with them. Staff should ensure they take a copy of the IHCP with them on all school visits. A nominated member of staff trained in how to care for a student with Diabetes must be present.

It is parent's responsibility to ensure the student has all the correct equipment with them for any trips. If any medical equipment has been lost or left behind, the Paediatric department or Accident and Emergency department at the nearest hospital should be able to help. If the student is travelling outside the UK on a school trip, Diabetes UK publishes country guides. These contain useful information about local foods and diabetes care, and translations of useful phrases.

Unless the child can manage their diabetes completely independently, someone who has been trained to help manage their diabetes will need to go on the trip as well.

What to take on a school trip

Things to take on a trip include:

- insulin and injection kit
- blood glucose testing kit
- hypo supplies
- pump supplies (if appropriate)
- extra food/snacks in case of delays or the child doesn't like the food available
- personal identification card or bracelet
- copy of the child's individual healthcare plan (IHP)
- emergency contact numbers.

Day trips

Depending on what's planned for the day, adjustments may not need to be made to the child's usual school routine.

Overnight stays

With overnight stays, a child injecting insulin will need their insulin supplies as well as blood glucose testing (which may include testing at night), even if these aren't already done in school.

Depending on the length of the trip, children on pumps may need a pump set change.

If the child can't do their own injections/manage their pump and/or do their own blood glucose levels, they'll need to be done by a member of staff. School staff should meet with the child's parent/carer and PDSN well in advance of the trip to discuss what help is required, and who will assist.

Risk assessment

It is best practice to carry out a risk assessment to identify any changes that need to be made. This will need to be done in good time and in consultation with the child (where appropriate), parent and PDSN.

The main risk for a child with Type 1 Diabetes is that they become unwell due to high or low blood glucose levels, if their diabetes is not managed properly.

But if school staff are aware of these potential risks, action can be taken to mitigate them.

Control measures

- Ensure that the child's IHCP clearly details the care and support a child needs while on a school visit, and this is carried out as stated.
- Ensure that contact numbers of the parent, at least one other adult and the PDSN are taken on the school visit.
- Ensure that there are sufficient staff on the visit who are trained in providing the support a child needs with their diabetes.
- Ensure that there is sufficient time in the activity schedule to allow insulin to be taken and blood glucose to be monitored when necessary, and that activities can be interrupted to treat a hypo if necessary.
- Ensure that there is facility to check the carbohydrate content of food. This might include asking the centre for the carbohydrate content of their meals, or bringing carbohydrate reference tables.
- Ensure that the parent supplies sufficient extra snacks to cover any extra activity/in case the child does not like the food provided.
- Prior to the visit, ensure that the nearest hospital with A&E facilities is identified and plans are put in place to get a child to hospital if necessary. This should include having sufficient staff on the visit to allow a member of staff to accompany the child and stay with them until a parent arrives.
- Ensure all staff are aware of the signs of a child becoming unwell with high or low blood glucose levels (hyper's and hypo's).
- Ensure there is a written plan in place, agreed by the school, parents and PDSN to manage illness while away.
- Ensure a copy of the child's IHCP is taken on the visit.

Potential risk: Child needs support with their diabetes overnight

Control measures

- Ensure there is sufficient staff to look after a child at night, whether this is for routine care or in response to an emergency.
- Ensure there is sufficient staff to cover the following day in case staff have been awake for long periods in the night.
- Consider the proximity of the child's room to the staff accommodation in case they need help during the night.
- Consider where the child's diabetes equipment will be stored overnight and ensure there is easy access to it during the night.

Potential risk: Equipment becomes lost or damaged

Control measures

- Ensure that who is responsible for storage and carrying of equipment on the school visit is clearly stated on the child's IHP.
- Ensure directions on storage of equipment are made clear and followed.
- Ensure spares of all equipment are taken on the visit and are easily accessible at all times.
- Prior to the visit, ensure that the nearest hospital with a diabetes centre is identified in case further supplies are needed.

Potential risk: Incorrect storage of insulin leads to it becoming ineffective

Ineffective insulin illness can affect blood glucose levels which can make a child unwell.

Control measures

- Ensure that any insulin in use (eg in an insulin pen device) is kept at room temperature.
- Take steps to prevent insulin getting too hot:
 - Ensure that it is kept in a cool bag while travelling.
 - On an overnight visit, ensure that a fridge is available to store spare insulin.

Exams

Under equality laws, schools have a duty to make 'reasonable adjustments' to prevent any child with a disability, from being placed at a substantial disadvantage compared to non-disabled children. While children with diabetes and their parents may not consider diabetes a disability, they are still covered by these laws.

Adjustments

- Students with diabetes will be allowed to bring their blood glucose monitor and testing strips in to the exam, and to test whenever necessary during the exam.
- Be allowed to bring hypo supplies in to the exam (this might include a sugary drink, sweets or a snack. The parent or PDSN will advise on the most suitable hypo remedy for a child).
- Be allowed to bring in water (hyperglycaemia can cause excessive thirst).
- Be allowed supervised toilet breaks, as frequently as they need (hyperglycaemia can cause frequent urination).
- Be allowed to sit in the place that is most appropriate for them, eg sitting close to the invigilator if they would like someone to keep a closer eye on them in case of a hypo/hyper.
- Be allowed rest breaks in case of a hypo/hyper.
- Make sure that the invigilator/s knows that there is a student with diabetes sitting the exam and what adjustments to usual procedure have been agreed.
- Make sure that the invigilator/s understands about diabetes and how it can affect a child in an exam.

This is not an exhaustive list, and individual students will have different needs. The students (if they wish), parent, PDSN and relevant school staff should discuss the specific needs of a student in plenty of time so that arrangements can be put in place. This should be detailed in the child's Individual Healthcare Plan.

Unacceptable practice

Only allowing a child with diabetes to take part in an extra-curricular activity or trip if one of their parents or carers accompanies them is not acceptable practice.

There are other unacceptable practices heads and governors must make sure do not take place in their school:

- No child should be prevented from treating themselves or managing their diabetes when and where necessary.
- No school should assume a child's diabetes is the same as another child's and requires the same treatment.
- The views of children with diabetes and their parents should not be ignored.
- Children with diabetes should not be sent home unnecessarily.
- If a child with diabetes requires treatment they should never be left unaccompanied or sent off to the medical room alone.
- A child should never have their attendance penalised for attending medical appointments to do with their diabetes. Their IHP should make clear how these are entered in the register so they are not penalised.
- Schools must not require parents to provide support in school for their child or make them feel obliged to do so.