

The Bellbird Primary School



Diabetes Policy

June 2022

(To be reviewed June 2025)

This policy has been written in conjunction with the DfES Guidance “Managing Medicines in Schools and Early Years Settings” and the Diabetes UK document “Children with diabetes at school”

This policy refers to the management of Type 1 diabetes which is more commonly the type to be diagnosed in children of the age group attending this setting. Type-1 diabetes is a common life-long condition caused when the body does not produce insulin. If there is no insulin, the sugar simply stays in the blood. If left untreated high sugar levels cause damage to the kidneys, heart, eyes and nerve endings leading to damage to feet and hands.

Intensive diabetes management which involves multiple daily injection regimens and insulin pump therapy are increasingly being recommended for children of all ages. Due to the age and development, young children with diabetes may not have the skills or confidence to give their own injections or take responsibility for them. In order to ensure children get the support they need to live a full school life, appropriate diabetes care and management from schools is crucial for the child's short and long term health and optimum academic performance.

Training

- All school staff are made aware of the pupils who have diabetes and are wearing an insulin pump or who administer insulin via injection. General awareness raising training should be made available for all staff.
- School staff will ensure that a trained member of staff is available every school day to give or supervise the injection and will inform the child's parent/ carer immediately if a trained person is not available.
- Training on diabetes management will be provided for staff from a Children's Diabetes Nurse Specialist at Addenbrookes Hospital in conjunction with parents/carers. The Children's Diabetes Team will offer ongoing support and training as needed.
- Staff members who have agreed to give the lunchtime injection of insulin will have all practiced with an insulin pen have had the required training. Parents will continue to attend until the hospital has issued a health care agreement and they are willing to share the responsibility with the school.

Website for CPD of staff: <https://jdrf.org.uk/for-professionals/school-pack/schools-e-learning-module/>

Management

- The ability of a pupil to take responsibility for their diabetes will be entirely dependent upon their age, individual capabilities and level of understanding
- Parents should provide the school with appropriate testing equipment/medication as required to manage the child's diabetes at school. They should send the insulin and their injecting equipment to school in daily with the child. At a minimum this will include an insulin pen, a blood glucose monitor, testing strips, lancing device, lancets and disposable needles. A small sharps bin must be provided to the school which will be located in an appropriate place and handed back to parents to dispose of when full.
- Staff will check the child's blood glucose level at appropriate times including before the lunchtime bolus of insulin is due. If the child is competent to do this as indicated from the parent/carer, the staff member will supervise. The child's hands should be clean in order to prevent incorrect blood glucose readings.

- Insulin injections will be administered according to the dose instructions given by parents and as detailed in the child's health care plan.
- **After the insulin dose is given the child should go to lunch immediately as insulin can cause a child to have a hypoglycaemic episode if they have to wait too long in line for food.**
- Parents who are carbohydrate counting need to provide detailed information to school staff who have volunteered to be responsible for managing their child's condition whilst in school. Younger pupils having packed lunch should be supervised to ensure that food provided by parents is eaten and that, children do not swap items.
- Blood glucose tests may be conducted at other times of the day, for example before PE or at times where the child or staff member reports symptoms of low blood sugar levels.
- If the child has a hypoglycaemic episode (blood glucose reading is less than 4mmol) just before lunch, the child will usually require a fast acting sugar treatment as documented in health care plan. The lunchtime injection will in this case be given after lunch has been eaten where a full recovery from the event has occurred.
- High blood glucose levels (above 20 mmols) need to be reported to parent(s)/carer at the end of the school day, unless the child is unwell or they are on an insulin pump, in which case parents/carers should be contacted immediately. The diabetes team should be contacted if unable to contact parent/carers.
- Parents will provide a 'hypo' box of appropriate treatment snacks to give to their child in the event of a hypoglycaemic episode and a detailed treatment plan. Parents should ensure their child has access to fast acting sugar e.g. glucose tablets at all times. Parents may wish to also put snacks into their child's book bag.
- Staff will allow a diabetic child to have access to their sugar treatment at anytime during lessons.
- A child who reports feeling low will be taken to the school office and the treatment plan put into action. The child will be accompanied at all times. Once treated and the blood glucose have returned to normal levels, the child can continue with whatever they were doing, even physical activity.
- Some children may know when they are going hypo and will be able to take appropriate action themselves eg glucose tablets, but others, especially younger ones, those newly diagnosed or with learning difficulties may need help in recognising and treating their hypoglycaemic episode.
- Staff shall be aware that diabetic pupils should not be detained in class over either break time or lunch time without access to food and blood testing kit.
- All school staff should be aware of the signs of a hypoglycaemic episode and what to do should a child have a hypo. The signs can be different for each child and the child or their parent/carers can tell staff what their warning signs are. These should be noted in the child's individual healthcare plan.
- In the unlikely event of a child losing consciousness, a child will not be given anything by mouth unless directed by the Emergency Services. The child will be placed in the recovery position (lying on their side with the head tilted back). An ambulance will be called, informing them the child has diabetes.
- If the child is unwell, their blood glucose levels may rise. This can happen even if the child just has a cold. High blood glucose levels may cause them to be thirsty, with the need to go to the loo more frequently. If teaching staff notice this during the day, they should report it to the child's parents/carers so the necessary adjustments can be made to the insulin dose.
- As the child grows insulin regimes may need to be altered. At this point the healthcare plan should be updated. Parents/carers are responsible for informing the school about changes to their child's diabetes management.

- During school trips the child should take their insulin and injection kit for a lunchtime injection and appropriate extra food/snacks in case of delays. If the child cannot do their own injections/manage their pump and/or check their own blood glucose levels, this will need to be done by a member of staff. Staff should meet with the child's parent/carer well in advance of the trip to discuss what help is required and who will assist. While away, should any medical equipment have been lost, staff will contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to help.

Insulin pumps

- An insulin pump delivers a small amount of insulin around the clock via a thin flexible tube. The tube is connected to a cannula, which is inserted just under the skin. The cannula can usually stay in place for 2-3 days so should not need changing at school unless it becomes dislodged or blocked.
- When the child eats, or if their blood glucose level is high, they will need to take extra insulin and will do this by pressing a combination of buttons on the pump. Pumps may need to be removed for contact sports and swimming.
- Younger children, those new to a pump or those with learning difficulties may need help with using their pump. Appropriate training from the Children's Diabetes Nurse Specialist in conjunction with parents/carers will be sought as appropriate.

Physical Activity

- Being physically active is an important part of diabetes management. Preparations are needed because activity, such as swimming, football, running and athletics, uses up glucose. If the child does not eat enough before starting an activity, their blood glucose level may fall too low and they will experience a hypoglycaemic episode. Also, if their blood glucose level is high prior to getting active, physical activity may make it rise even higher.
- Before, during and after activities, the child may at times need to check their blood glucose level carefully and must make sure they have a good fluid intake.
- Teachers in charge of P.E. lessons, in particular, should be aware of the need to ensure that glucose tablets or a sugary drink are available nearby in case the need arises. On no account will the child be left alone, neither should they be sent off to get food from elsewhere.
- The child's parent/carer will advise on any specific preparations required for physical activities. Diabetes should not be an excuse for opting out of school activities. If this does happen regularly, staff will speak to their parent/carer to find out more about the individual situation.

Exam procedure

Pupils will always be allowed have access to their hypo-treatments, water and blood glucose monitoring equipment. They should be seated in easy view of the invigilator. If the child has to leave the room at any time they will be accompanied. Should a child have a hypoglycaemic episode during the exam they should take the required amount of time out of the exam until their levels recover and they feel ready to resume. Any time taken within the exam time to deal with diabetes will be added on as extra time at the end of the exam.

It is recommended that the child does a blood test reading before and after the exam. A child who is hypoglycaemic or hyperglycaemic will have impaired concentration. The most likely reason for applying for any special consideration for a child with diabetes is a low or high blood glucose level that has affected how well they performed in the exam.