



# Management of Diabetes Policy

*This Policy should be read in conjunction with the School's policies on Child Protection and Safeguarding, Emergencies, First Aid and Health & Safety Policies. These and other policies reflect the fact that the School fully complies with the requirements of the Education Act 2002 and the Education (Independent Schools) (England) requirements 2010, the Children and Families Act 2014, and the Equality Act 2010. This policy aims to comply with paragraph 1(j) and part 3 of the Schedule to the Education (Independent School Standards) Regulations 2014, the Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the First Aid at Work: Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance, and the Management of Health and Safety at work Regulations (1999).*

*This policy also applies to the EYFS.*

## 1. What is Diabetes?

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

This happens because:

- The pancreas does not make any or enough insulin.
- The insulin does not work properly.
- There can be a combination of both.

There are two main types of diabetes:

**Type 1** - diabetes develops if the body is unable to produce any insulin. Most children who have Type 1 diabetes need to have daily insulin injections or are fitted with an insulin pump and they monitor their blood glucose levels and to eat regularly counting their carbohydrates.

**Type 2** - diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly. Children with Type 2 diabetes are usually treated by diet and exercise alone.

## 2. Medication and Control

Diabetes in children is controlled by injections which can be a twice-a-day insulin regime of a longer-acting insulin, by multiple injections or by an insulin pump. Most Senior School pupils can manage their own injections or pumps but if extra doses are required at School, pupils should attend the First Aid room to inject. Pupils with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a blood glucose monitoring machine at regular intervals. They may need to do this at lunch and break times, and more regularly if their insulin needs adjusting because of activities and games lessons.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, particularly in extremes of weather, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level.

Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

The following members of staff have received diabetes training:

- Mrs K White
- Mrs S Kirby
- Mrs H Bell

## 3. What to Do When a Pupil with Diabetes Joins Priory School

When a pupil with diabetes joins the School, or a current pupil is diagnosed with the condition, a meeting will be arranged with the pupil and parents/guardians to establish how the pupil's

diabetes may affect their School life, and how the condition should be managed; this may include, if required, consultation with specialist NHS staff.

This should include the implications for learning, physical activity, social development, and out of School activities. They will also discuss any special arrangements the pupil may require.

With the pupil's and parents'/guardians' permission, diabetes may be addressed with the child's classmates so they are aware of warning signs of a hypo or hyper reaction and can summon help if required.

#### **4. Record Keeping**

A record of the pupil's diabetes, learning and health needs will be kept. This information may include issues such as agreeing to administer medicines and any staff training needs. This information will be agreed by the parents, and the health professional, if present, and kept safe and confidentially in the pupil's health record and updated when necessary.

Staff will be notified of the pupil's condition and any changes through regular staff briefings. This will make staff aware of any warning signs and maintain communication between parents/guardians and School ensuring the pupil maintains good diabetic management

#### **5. Medicines**

The School will follow the manufacturer's guidelines for the correct storage procedures for any medicines required. Medication will be either carried by the pupil if appropriate or kept in the First Aid room.

#### **6. Exercise and Physical Activity**

Most pupils with diabetes should be able to enjoy all kinds of physical activity. It should not stop them from being active or being selected to represent School or other sporting teams. However, all pupils with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose. This may include monitoring blood glucose levels pre and post activity and ensuring sugary snacks/drinks are available during the activity and starchy foods consumed after. Teachers and sports coaches need to be aware of the warning symptoms of hypoglycaemia and hyperglycaemia and ensure the pupil has easy access to blood glucose monitoring machine/drinks/snacks and insulin.

#### **7. School Visits**

Pupils with diabetes will not be excluded from day or residential visits on the grounds of their condition. They are protected by the Equality Act 2010. Pupils need to remember to take their insulin and administration equipment, 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 take some snacks. Pupils with diabetes should also take their monitoring equipment and usual hypo treatment with them.

#### **8. Residential and Overnight Visits**

It is important to know how confident a pupil with diabetes is at managing their own injections and monitoring their own glucose levels before deciding on appropriate staffing for an overnight visit. If a pupil is not confident in managing all aspects of their condition for an overnight visit including administration of medication, then a trained member of staff will need to accompany the pupil to assist. It is parents'/guardians' responsibility to ensure the pupil has all the correct equipment with them for a residential visit. 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 pupil 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.

## 9. When a Child or Young Person is Falling Behind in Lessons

If a pupil is missing a lot of time from School due to their diabetes or is experiencing symptoms due to poor management of their diabetes, the form tutor will initially raise the matter with the relevant Head of School, who will contact parents as necessary and, if appropriate, talk to the special education needs co-ordinator (SENCO) about the pupil's needs.

## 10. School Environment

It is parents'/guardians' responsibility to provide the School with all the necessary equipment to effectively manage their child's condition. The School will work closely with the pupil and parents/guardians to ensure excellent diabetic management. Any concerns held by the pupil, parents/guardians or member of staff will be addressed at a meeting prior to the activity or stay taking place.

## 11. Hypoglycaemia

Hypoglycaemia or (hypo) - occurs when the level of glucose in the blood falls too low (usually under 4 mmol/l). A blood glucose monitor should be available for use by the staff who have been trained in diabetes care and management to establish the blood sugar level.

Watch out for:

- Hunger.
- Trembling or shakiness.
- Sweating.
- Glazed eyes.
- Pallor.
- Mood change, especially angry or aggressive.
- Behaviour.
- Anxiety or irritability.
- Fast pulse or palpitations.
- Lack of concentration.
- Tingling.
- Vagueness.
- Drowsiness.

Something sugary - a quick-acting carbohydrate such as one of the following – should be available if any of these symptoms is observed:

- Five jelly babies or soft fruit sweets.
- A glass of Lucozade.
- Glucose tablets.
- Glucogel if severe.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- Bread roll/sandwich.
- Two biscuits, e.g., digestive/ginger nut.
- A meal if it is due.

If the pupil still feels hypoglycaemic after 15 minutes, something sugary should again be given. If the pupil is unconscious do not give them anything to eat or drink and call an ambulance and the parents.

## 12. Hyperglycaemia

Hyperglycaemia - (hyper) is if a pupil's blood glucose level is high (over 10mmol/l) and stays high. Common symptoms:

- Thirst.
- Nausea.
- Blurred vision.
- Frequent urination.
- Tiredness.
- Dry skin.

If the following symptoms are present, then call the emergency services: -

- Deep and rapid breathing (over-breathing).
- Vomiting.

Breathe smelling of nail polish remover or pear drops.

**If the child is unwell, is vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention. In this case, call an ambulance.**

**Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and will be brought to the parents'/guardians' attention.**

Authorised by the Principal, Mr David EJJ Lloyd

September 2023