



# Diabetes Policy

(Part of Supporting Pupils at school with Medical Conditions  
& the Administration of Medicines 2013 Guidance)

## LA POLICY

Review: Every Two Years

Next Review Date: December 2027

Role	Name
Headteacher	Caroline Rodgers
Chair of Governors	Linda Mosley
Designated Governor	
Designated Senior Lead	Caroline Rodgers – Headteacher

## **Introduction**

It is important that children and young people with diabetes are properly supported in school. However, as guided by the first aid training that all staff receive, if in any doubt of any medical situation you should ring 999 immediately.

Pupils with diabetes have rights under the Disability Discrimination Act that they cannot be treated less favourably than their non-disabled peers in admissions, exclusions and access to education and associated services. For example a child with diabetes cannot be excluded from a school visit or sports activity for a reason directly related to their diabetes, refused admission to a school, or excluded because of their condition.

The Equality and Diversity Statement along with the Avoidance of Disability Discrimination Policy require schools to promote equality of opportunity between disabled persons and other persons, promote positive attitudes towards disabled persons and take steps to take account of disabled persons' disabilities even where that involves treating disabled people more favourably than their non-disabled peers.

Brockley Primary School will always seek information and advice about individual children, we will always consult with the family and the diabetes support team. The child's diabetes specialist nurse will be an important contact and will advise the school on specific cases.

Information will be made available to all staff and relevant training given should the school have a pupil with diabetes. Parents/guardians will be asked to give their consent for the self administration of drugs or for staff to administer or oversee, in line with the DfE Supporting Pupils with Medication Conditions Guidance and the Administration of Medicines Policy.

These records will be kept with the medical record book along with the child's photograph and any Health Care Plan.

## **What Is Diabetes?**

Diabetes is a condition in which the amount of glucose in the blood cannot be controlled due to the auto immune destruction of special cells within the pancreas.

All the food we eat is broken down into glucose. Glucose passes via the gut out into the bloodstream. If you do not have diabetes your body will release the hormone insulin in exactly the right amount at the same time as the glucose releases into the bloodstream. If you do have diabetes, both the production of insulin, and the regulation of how much glucose is available in the bloodstream fails.

The aim of the treatment for diabetes is to keep the blood glucose levels close to the normal range so that it is neither too high (hyperglycaemia) nor too low (Hypogylcaemia, also known as hypo).

Most children with diabetes will have Type 1 diabetes. Their pancreas does not produce insulin so they will need insulin injections to regulate their blood sugar levels.

## **Treating Diabetes**

Insulin has to be injected, and most children with diabetes will need several injections every day. While some injections will be given out of school hours, it is increasingly likely that pupils will require one or more injections during the school day.

## **Blood Glucose Monitoring**

Most children with diabetes will need to test their blood sugar levels during school time. This is vital to the management of the condition and must be facilitated. Blood glucose testing involves pricking the finger, using a special device, and placing a small drop of blood onto a reagent strip. The level is displayed on a small electronic meter. The procedure takes as little as a minute to complete and we at Brockley Primary School will endeavour to provide privacy for the child to carry out this procedure (if the pupil desires it) though that need not be outside the classroom.

Trained staff may need to oversee the blood glucose test and help a young child to interpret the reading. If a child has low blood glucose level (hypo) they may also interpret the reading incorrectly, or need assistance inserting the testing strip etc..

There are no exposed sharps that could pose a danger to other pupils in a blood glucose testing kit and children are encouraged to keep their equipment stored safely within the classroom.

## **Insulin Injections**

The equipment used is likely to be an insulin 'pen' rather than a syringe. Pupils will administer the insulin injection themselves however this will be supervised by a member of staff and for younger children the dose may need to be 'double checked' prior to the injection being administered. This would be undertaken by a trained member of staff.

## **Diet**

A balanced diet is important and children will be encouraged by staff to have a regular intake of starchy carbohydrate foods to keep blood glucose levels within the normal range. Meals and snacks will be taken in line with the schools' break times however if a child requires it snacks will be offered at other times.

## **Hypoglycaemia (Hypo)**

This is the most common short-term condition and occurs when blood sugar levels fall too low. Hypos are most likely to happen before meals and during or after exercise.

Staff are aware that a hypo cannot be predicted but they will be required to support the child during this time.

All staff are aware that a Hypo can also happen as a result of:

- Too much insulin
- Not enough food to fuel an activity
- Too little food at any stage of the day
- A missed meal, or delayed meal or snack
- Cold weather
- The child vomiting
- Hormonal developing ( particularly menstruation)
- Growth
- Emotional changes – exam stress, peer pressure etc..

Most children will have warning signs that will alert them, or people around them, to a hypo.

However some children will have no hypo awareness at all and can be completely unaware of their deteriorating state. All staff will encourage pupils displaying symptoms to test their blood glucose levels.

The warning signs can include:

- Hunger
- Sweating
- Drowsiness
- Glazed eyes
- Pallor
- Trembling or shakiness
- Headache
- Lack of concentration
- Mood changes, especially angry or aggressive behaviour

The symptoms can be different for every child and we at Brockley Primary School will ensure that we obtain information from the parent about the individual child. This information will be stored with the medical records located in both the Headteacher's and main school office.

It is vital that a hypo is treated quickly. If left untreated, the blood sugar level could fall so low that the child can become unconscious. A pupil should never be left alone during a hypo, nor sent to the school office to get food to treat it. Sending a pupil to the school office alone, for example, is not appropriate. Recovery treatment must be brought to the child.

Most children will know when they are going hypo and will be able to take appropriate action themselves. Pupils with diabetes will usually have a snack in their schoolbag and other snacks are kept in the office. School will ask parents/guardians to ensure that there is a constant supply of snacks, a sugary drink and dextrose tablets available for their child in school. If the child is becoming drowsy then it is important to massage a glucose gel, honey or jam, into the inside of their cheek (this can be found in the fridge in either lower or upper school). The glucose will then be absorbed through the lining of the mouth, or swallowed and they will recover.

Having some starchy foods on recovery is important to prevent blood glucose levels falling again.

In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position and call an ambulance informing them that the child had diabetes.

All pupils at Brockley Primary School who suffer with diabetes will have a Health care Plan and all staff are made aware of this.

### **Hyperglycaemia**

If symptoms of hyperglycaemia occur in a pupil then the following procedure needs to be followed:

1. Take insulin as normal (do not skip a dose).
2. Continue to eat meals normally.
3. Test blood sugar levels every 2 hours.

If there is no improvement in blood sugar levels (lowering) then contact parents/guardians immediately for collection of pupil.

### **Physical Activity**

Diabetes should not stop children with the condition from enjoying any kind of physical activity or being selected to represent the school and other teams, providing they have made some simple preparations.

If a child does not eat enough before starting an activity, their blood sugar level could fall too low and cause a hypo. The more strenuous and prolonged the activity, the more food will be needed beforehand, and possibly during and afterwards. The teacher in charge will ensure that the correct snacks, drinks etc.. are available.

Many pupils with diabetes may have a sports drink prior to the activity.

While it is important to keep an eye on all children, the child with diabetes should not be singled out for special attention as this can lead to embarrassment.

### **Other Considerations**

If a child is unwell their blood sugar levels may rise. This can cause them to become very thirsty and need to go to the toilet more frequently. If staff notice this they will report it to parents/guardians.

If a child vomits at school, school will contact parents/guardians and support the child to monitor their blood sugar levels.

Day visits out of school should not cause any real problems as the routine will be similar to that in school. The member of staff leading the visit will ensure that medication is taken with the child and a supply box of additional drinks , snacks etc.. are taken on the trip.

On residential visits the child's routine will include insulin injections and blood glucose monitoring. If a pupil is not able to do their own injections then a member of staff willing to take responsibility for their medical care.

If the visit is outside the UK then the travel insurance needs to be checked to ensure it covers pre-existing conditions.

Once again staff will discuss with parents/guardians prior to making the visits.

### **Staff administering medication**

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonable prudent parent. Staff need to make sure that children are healthy and safe. In some circumstances the duty of care may extend to the administering of medicines. However there is no legal or contractual duty on staff to administer medication or supervise a child taking it. However, any member of staff who agrees to take responsibility for administering or supervising the administration of medication should have appropriate training and guidance. Staff should be reassured that they would be covered by relevant employers insurance should the need arise.

The Special Educational Needs and Disability Act 2001 (SENDA) requires reasonable adjustments to be made to prevent the less favourable treatment of disabled pupils. Diabetes is a disability within the definition of the Act and pupils cannot be discriminated against. The Governing Body of Brockley Primary School would need to be able to justify their reasons if they were to fail to make reasonable adjustments for a pupil with diabetes.