



# Kates Hill

COMMUNITY PRIMARY SCHOOL

## Supporting Pupils with Diabetes Policy

Draft document to SLT:	
Document to staff:	
Draft document to governors:	
Policy adopted by governors on:	
Policy In Place	<b>May 2021</b>
Review Date 1:	
Review Date 2:	
Review Date 3:	

## Aims

- To optimise management of diabetes in the school day.
- To ensure that children and young people with diabetes are supported in the administration of insulin by school staff.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs. Role of the staff
- All school staff are made aware of the pupils who have diabetes and are using an insulin pump or who administer insulin via injection.
- Staff whom have agreed to administer insulin via injection or pump therapy will be given appropriate training by Healthcare Professionals.
- Staff will ensure all children with Diabetes have a safe and private area for them to carry out testing and administer insulin.
- Kates Hill have several members of staff who are trained to manage diabetes within the school
- The Senior Management Team will ensure that a trained member of staff is available every school day, and on-site, to give or supervise the injection or pump therapy data entry and will inform the child's parent/carer immediately if a trained person is not available.
- The child's care plan will be followed accordingly and agreed by parents, the Children's Diabetes Nurse Specialist, the Senior Management Team in school and the school staff who have been specifically trained. Current guidelines from Diabetes UK recommend at least 2 members of staff to be trained.
- Any change a parent wants to make to an individual health care plan needs to be via a written medical letter from a Healthcare professional.
- Staff need to be aware that children with diabetes need to be allowed to eat and drink regularly during the day. This may include eating snacks during lesson times or prior to exercise.

## Introduction

### What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises or falls from safe levels. This is either due to the body not producing insulin or because there is insufficient insulin for the child's needs of the insulin.

"About one in 550 of school-age children have diabetes and 2 million people in the UK are affected. **The majority have Type 1 diabetes.** They normally need to have daily insulin injections or pump therapy, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. **People with Type 2 diabetes** are usually treated by modifying diet and exercise" (Diabetes in school 2006)

The diabetes of the majority of children is controlled by injections of insulin each day or by pump therapy. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. If on pump therapy, it will be necessary for an adult to supervise the entering of data into the insulin pump in order to ensure accuracy of information and ensure safety in that the pump issues a correct dosage of insulin. The child's individual care plan will be followed.

Recognising Type 1 diabetes: the four 'T's:

- **Thirsty:** Polydipsia is excessive thirst and/or a temporary or prolonged dryness of the mouth
- **Toilet:** Polyuria is the overproduction of urine that necessitates frequent urination
- **Tired:**
- **Thinner** (unexplained weight loss).

## Type 2 diabetes

- Thirsty
- Toilet
- Tired
- Blurry vision. If your child's blood sugar is too high, fluid may be pulled from the lenses of your child's eyes. Your child might be unable to focus clearly.
- Darkened areas of skin. Before type 2 diabetes develops, certain areas of the skin begin to darken. These areas are often found around the neck or in the armpits.
- Weight loss. However, weight loss is less common in children with type 2 diabetes than in children with type 1 diabetes.

### Other Symptoms of diabetes

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headaches
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up an individual health care plan with the Healthcare Professionals.

**A child with diabetes MUST have an individual health care plan which details specifics for the management of their diabetes. This will be developed by the health professionals and parents initially. Training for school staff will then be arranged by the health care professionals (Specialist diabetic nurse).**

## Roles and Responsibilities

Staff should have an awareness of the following

- Understand that diabetes is a life threatening condition
- Understand how diabetes can impact on a child's ability to learn
- Acknowledge that each child with diabetes should be treated as an individual
- Have a clear outline of how the policy will be implemented and reviewed
- Know who the child/children are in school
- Know who the trained staff are and their role
- Know what to do in an emergency

Staff working with the child or with responsibility for their medical care **MUST inform cover supervisors or new staff of who the child is, and the members of staff in charge of his medical care. They should also be aware of**

**the Individual care plan, including recognising Symptoms of Hypoglycaemic and Hyperglycaemic episodes, and what to do in an emergency.**

**The school has a responsibility to ensure that children with diabetes are able to attend full time Education, have access to school lunches (providing the balance of intake is maintained) and take part in extra-curricular activities. The aim should be to make the child's life as normal as possible and wherever possible to promote independence, enabling the child with diabetes to look after themselves with minimal supervision (depending on age and developmental ability)**

### **Reasonable Adjustments**

**School should accommodate the following:**

- Allowing snacks to be eaten during class time or prior to exercise
- Allowing regular drinks/ refills
- Allowing toilet breaks at any time when requested
- Additional staff monitoring/supervision

## **Training**

Staff who volunteer to administer blood glucose tests or insulin injections will be trained by an appropriate health care professional, this can be provided by the specialist diabetes nurse, the school health service, the local authority or an independent training provider.

Trained staff will follow procedures contained in the child's individual diabetes school management Plan developed by the diabetes health care professionals to deal with:

- Monitoring/testing blood glucose levels
- Managing Hypoglycaemia
- Managing Hyperglycaemia
- Testing Ketones
- Administering Insulin

**Emergency procedures including transferring of medical records of treatment to paramedics/hospital staff**

## **Record Keeping**

School staff attending to the blood glucose monitoring and administration of Insulin will be required keep a record of any hypoglycaemic or hyperglycaemic episodes, including blood glucose levels and administration of insulin via a pump or manual insulin injection, with times of day included. This will be sent home at the end of each school day to inform parents/carers. There will also be a home/ school communication book which will have additional information the school or parent may need to know at the beginning and end of each school day.

### **Safe storage of medication (Diabetes Care Bag/Snacks/folder)**

- A designated safe place will be allocated for the child's medication/equipment
- The designated place will be known to the child and staff
- The designated place will be labelled clearly with the child's name
- Medication will be provided in original packaging and clearly labelled with the child's name
- Medication requiring storage in a fridge will be stored in the medicines fridge in the staff room

# Sharps

## **Safe use/storage/disposal of sharps**

Sharps devices, including blood glucose test pens and insulin pens, are routinely used as part of healthcare practice in school. As a school, we are aware of the risks posed by relevant contaminated sharps.

All staff are informed of the correct and safe procedures for the management of sharps. Staff are made aware of the action to take should a sharps injury occur, including the appropriate reporting of the incident.

Many sharps injuries can be avoided by adherence to the principles of safe sharps practice. However, it is recognised that injuries could be complete accidents. It is possible to reduce the risk of this happening by the use of safety procedure.

### **Sharps safety:**

- Do not re-sheath used needles or sharps
- Never pass sharps from person to person by hand – use a receptacle or clear field to place them in
- Never walk around with sharps in your hand
- Never leave sharps lying around – dispose of them
- Dispose of sharps at the point of use – take a sharps bin with you

### **Management of sharps injury**

- If a sharps injury occurs, the following action must be taken **IMMEDIATELY**:
- Bleed it – encourage bleeding – but do not massage the site
- Wash it – wash the injury, under hot running water

**Report it – inform M Hollis or K Harvey. Also complete an accident form obtained from the school office**