

Pupils with diabetes in Norfolk schools

General guidelines for staff

‘We believe that all children and young people have the right to be healthy, happy and safe; to be loved, valued and respected; and to have high aspirations for their future.’

It is important that children and young people with diabetes are properly supported in our schools. Over 15,000 children of school age in the UK have diabetes. Life expectancy is improved and the risk of significant long term complications reduced when a strict routine of medical treatment and self care is followed. This guidance gives general information, and details sources of further information.

Pupils with diabetes have rights under the Disability Discrimination legislation. They cannot be treated less favourably than their non-disabled peers in admissions, exclusions and access to education and associated services (SENDA 2001). 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 new Disability Equality duties (DDA 2005) 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. Your school Disability Equality Scheme (to be published by 4th December 2006 for secondary schools and 3rd December 2007 for primary schools) may well include plans to improve equality for both pupils and staff with diabetes.

For information and advice about individual children, schools should always consult with the family and the diabetes support team. The child's diabetes specialist nurse will be an important contact and can advise the school on specific cases.

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 (hypoglycaemia, also known as a 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. Schools should endeavour to provide privacy for the child to carry out this procedure (if the pupil desires it) though that need not be out of the classroom.

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, though it is important to discuss the safe use and disposal of equipment in the classroom.

Insulin injections

The Diabetes team is happy to discuss safe procedures if there are concerns. In most cases the equipment will be an insulin 'pen' rather than a syringe. Pupils usually administer the insulin injection themselves, however younger children may need the dose 'double checked' by staff prior to injection.

Staff training, support and information will be available from the Diabetes or School Nursing Team in your area.

Diet

A balanced diet is just as important for children with diabetes as all other children. A regular intake of starchy carbohydrate foods is important to keep the blood glucose levels within the normal range. Meals and snacks will need to be eaten at regular intervals, usually at normal school break and lunchtimes. However, there may be occasions when a snack or dextrose will need to be taken during lesson times. Pupils should feel that they are able to ask to eat during lesson time if they need to do so, without fear of reprisal.

It is important to know the times the child needs to eat and make sure that they keep to these times. It may be necessary to allow the pupil to attend first sitting of lunch for example. Children should eat all of their lunch to prevent a hypo occurring.

Hypoglycaemia (Hypo)

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

It is important to understand that a hypo cannot be predicted. It is a physiological response that can happen very suddenly and without warning. It is during a hypoglycaemic episode that adult support is most likely to be required and there is a need for awareness and training for all staff.

This can 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 development (particularly menstruation)
- Growth
- Emotional changes – exam stress, peer pressures 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. It is vital to 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 it important to get information from the child and the parents about each individual.

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 be sent off 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 school bag and an emergency kit box kept in school (often in the school office or MI room). The emergency kit box should contain snacks, a sugary drink and dextrose tablets. It is the family's responsibility to keep that box stocked. If the child is becoming very drowsy, providing they are still able to swallow, you can offer a sugary drink (non-diet). If they are reluctant to drink, massage a glucose gel, honey or jam, into the inside of their cheek. The glucose will be absorbed through the lining of the mouth, or swallowed and they will recover.

Having some starchy food 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 has diabetes.

All pupils with diabetes should have a Health Care Plan in place and all staff should be made aware of it.

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. A snack whilst preparing for the exercise may be appropriate.

Many pupils with diabetes are having a sports drink prior to activities.

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 glucose levels may rise. This can cause them to become very thirsty and to need to go to the loo more frequently. If staff notice this they should report it to the parents.

If a child vomits at school contact the parents and support the child to monitor their blood glucose level.

Day visits out of school should not cause any real problems as the routine should be very similar to that at school. The child with diabetes should take their insulin and injection kit with them, in case of any delays over their usual injection time. They should have some starchy food with them to eat after the injection. It is a good idea for parents to provide extra snacks in case of delay in returning home. The usual supply box should also be taken as back up.

On residential visits the child's routine will include insulin injections and blood glucose monitoring. If the pupil is not able to do their own injections then there will need to be a member of staff willing to take responsibility for their medical care. Staff volunteering to administer medicines can receive training and support from Health colleagues.

Overnight assistance may be required to check blood glucose levels do not fall too low, and to assist pupils with snacks during the night should this occur.

If a school visit involves travel outside of the UK it is important to check that travel insurance covers pre-existing conditions, in case of a medical emergency. Diabetes UK produce guides for a number of countries giving information about local foods, translations of useful phrases and diabetes care. It may be useful for the pupil to carry an emergency identity card.

As with all educational visits it is important to discuss planning with the pupil's parents to ensure all Health needs are met.

Staff administering medication

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In some circumstances, (for example, a child with diabetes) the duty of care could extend to administering medication and/or taking action in an emergency. This duty extends to staff leading activities taking place away from the school site such as outings, residential visits or field trips.

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 Advisory Service provide regular courses raising awareness of common medical conditions including asthma, epilepsy and diabetes. And medical professionals will support schools in preparing Health Care Plans for individual pupils.

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 responsible body (the Governing body in maintained schools) would need to justify their reasons if they were to fail to make reasonable adjustments for a pupil with diabetes.

The duties of SENDA are anticipatory and include planning for the admission of a pupil with medical needs. Your school access plan might include the intention to recruit staff with medical experience and/or train staff to meet the needs of prospective pupils with diabetes and other medical conditions. Your Disability Equality Scheme may address specific issues around people with diabetes.

Many schools are ensuring that support staff have specific duties to provide medical assistance as part of their contract. Support staff with medical experience can be a valuable addition to any school, benefiting both disabled and non-disabled pupils.

The employer (generally the Governing Body or the Local Authority) is responsible under the Health and Safety at Work etc Act 1974, for making sure that a school has a Health and Safety Policy. This should include procedures for supporting pupils with medical needs, including managing medication. It is important that all school policies and procedures do not discriminate against disabled pupils.

**Every pupil in Norfolk has the right to be healthy, happy and safe.
Planning, training and an inclusive ethos will ensure good practice.**

Many thanks to Tracy Slater from Diabetes UK, Sarah Haws, Paediatric Specialist Diabetes Nurse, West Norfolk PCT, and the KiWi Parents Group for their help in producing this document.

Further guidance:

- Administration of Medication in School – [Section 11](#) of the Children's Services Health and Safety Manual
- Managing medicines in Schools and Early Years Settings, DfES/DoH//SureStart Guidance is available to download from www.teachernet.gov.uk/publications, ref. 1448-2005DCL-EN
Or order from DfES Publications, Tel.0845 60 222 60
- Children with Diabetes at school, and other useful information available to download from www.diabetes.org.uk
- Your School Nursing Team/Specialist Diabetes Paediatric Team
- J'Anne Robertson, Senior Adviser Inclusion,
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- Kim Barber, Disability Co-ordinator, kim.barber@norfolk.gov.uk