



# Altrincham Grammar School for Girls

Bright Futures EDUCATIONAL TRUST

Name:	Diabetes Care and Support Policy
Approved by:	Governors – T,L,B & S Committee
Policy Created:	2011
Date of review	2 years
Update Approved:	
All policies are available to stakeholders either on the school website or upon request from the school office.	

## PRINCIPLES

### **The Diabetes Care and Support Policy is committed to and guided by the principles of:**

All professionals working within school will follow the guidance as set out within this policy. This policy and its accompanying procedures apply to all the professionals/carers who provide care and support within school to students with diabetes.  
The information in this policy will focus on type 1 diabetes.

## PURPOSE

### **The aims of this Diabetes Care and Support Policy are to:**

1. To provide support for students with diabetes within the school setting.
2. Enable teachers and associate staff to recognise and treat hypoglycaemia within the school setting.
3. Enable teachers/parents/carers to support a student during episodes of illness that may result in hyperglycaemia within the school setting.
4. Encourage multi-agency liaison with school nurse/children's community nursing team (CCNT) and Diabetes Specialist Nurse regarding any student that may be experiencing some difficulties with diabetes control within school.
5. Encourage and support students with diabetes to participate in normal daily schooling activities alongside their peers.

## POLICY

### **1. Individual Diabetes Health Care Plans**

- 1.1 An individualised diabetes health care plan should be agreed by the parent/carer and child, the school and the health care team.
- 1.2 The health care plan should describe the responsibility of all parties, address the student's specific needs and provide clear instructions for ongoing and emergency care.
- 1.3 The health care plan should be updated regularly.
- 1.4 The health care plan should be made available to all parties.

### **2. Training**

- 2.1 Students spend a great deal of time within the school setting, therefore people working with students in schools need to have access to information about diabetes management.
- 2.2 Training is essential to ensure staff are able to care for a student with diabetes during school hours. Training is usually carried out by the PDSN supported by the school nurses and the CCNT.
- 2.3 Extra training will be required if the student is going on a day trip or residential holiday with the school.



2.4	All staff who come into contact with students with diabetes must know how to respond in the event of a hypoglycaemic reaction.
<b>3.</b> 3.1	<b>Administration of Medication</b> It is recognised by 'Supporting pupils at school with medical conditions December 2015) any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role. If staff choose to be involved in the administering of diabetes medication, they will need access to up to date information and training. The procedure for administering insulin via a pen device is included in Appendix 4.
4. 4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8	<b>Exercise, Activities and P.E.</b> Exercise is important for all children and young people, to reduce their risk of heart disease. People with diabetes are more at risk of heart disease than the general population so it is essential that students with diabetes are included in exercise activities in school safely. Staff supervising physical activity sessions must be aware that the child has diabetes and how exercise may affect them. Exercise uses fuel (carbohydrate) and therefore lowers blood glucose. The risk in someone with Type 1 diabetes is that their blood glucose will go too low (hypoglycaemia) during or after exercise. This can be prevented by: <ul style="list-style-type: none"><li>▪ Eating a small carbohydrate containing snack before exercise (e.g. biscuit, fruit, cereal bar).</li><li>▪ Eating a small carbohydrate containing snack or drink before and/or during exercise if it is prolonged (more than 45 minutes).</li><li>▪ Ensuring usual school meals are not delayed after exercise.</li></ul> Older students may alter their insulin around exercise and therefore may not need to eat. Some students may wish to test before or after PE to help reduce the risk of a hypoglycaemic episode. A blood glucose test is definitely recommended before swimming and will help to determine how much additional carbohydrate (CHO) to give. Students should have easy access to their hypoglycaemia treatment in the place where the activity is happening. Staff must be aware of how to treat a hypoglycaemic episode. Blood glucose levels should be between 8-14 mmol to safely participate in sport, exercise or activities. If below 8 mmol, give a snack as described in 7.4. If above 14 mmol and/or showing signs of hyperglycaemia (drinking excessively or passing lots of urine), exercise should be avoided.
5. 5.1 5.2	<b>School Meals</b> The right food is an important part of diabetes treatment, but there is no 'special' diet for someone with diabetes. The food eaten should be based on healthy eating principles, which everyone should follow. Students should eat regular meals containing starchy carbohydrate food, avoid sugary drinks and too many sweet foods. Meals should contain some fruit or vegetables.



5.3	Students with diabetes may either have a packed lunch or school meals. Either meal should contain at least one source of starchy carbohydrate (potato, pasta, rice, bread) and preferably a milk product or fruit. This helps to maintain blood glucose levels throughout the day. Drinks should be water, sugar-free or diet drinks as best options.
5.4	Many students will do a blood glucose test immediately before lunch. This provides information to assist decision-making about the effectiveness of the insulin dose that was given at breakfast. If the student has insulin with lunch, this dose may be adjusted depending on the blood glucose level at that time.
5.5	Students who inject insulin at lunchtime may need a little extra time before lunch to accommodate their injection.
5.6	Ensure the student has their snacks and lunch on time. Ensure the student eats their snacks and lunch and provide an alternative if they don't.

6.	<b>Checking Blood Glucose Levels and Treatment of Hypoglycaemia (low blood glucose &lt; 4mmol/l)</b>
6.1	Hypoglycaemia (hypo) or low blood glucose occurs when the level of glucose in the blood is too low. This may be due to: too much insulin, too little food, exercise, stress or warmer weather.
6.2	Each student with diabetes will have unique signs and symptoms when their blood glucose level is too low and these must be stated clearly in the health care plan. They may become: drowsy, feel dizzy/shaky, lose concentration or behave erratically.
6.3	Students with diabetes should be allowed to test their blood glucose level and access emergency glucose if a 'hypo' is suspected.
6.4	A hypo kit should be provided by the student's parents/carers.
6.5	All staff need to know where the hypo kit is kept (with the First Aid kits at Reception).
6.6	The procedure for testing/supervising a blood glucose test is included in Appendix 5.
6.7	Students with diabetes should not be reprimanded if they are eating in prohibited places within school, as they may be treating a hypo. They must not be asked to go to the first aid room/office to treat a hypo as this uses more energy and will make the hypo worse. The student should be treated in their present situation.
6.8	It is essential to monitor blood glucose levels more frequently during illness. If a student becomes unwell at school and has a blood glucose meter in school, a test should be done immediately.
6.9	Low blood glucose levels constitute a medical emergency and must be treated immediately. See Appendix 3.
6.10	Teachers should be aware that cognitive function can be affected for several hours after an episode of hypoglycaemia, therefore children may not perform as well as expected academically.
6.11	Students taking examinations should be allowed to check their blood glucose level immediately before an exam and to take food and drink in case of hypoglycaemia. Prior to exams, a request for special consideration in relation to the impact of examination stress on blood glucose levels should be made in writing to the education authority/examination board.
6.12	Repeated episodes of mild hypoglycaemia may result in an episode of severe hypoglycaemia and it is vital to liaise closely with parents/carers to discuss any concerns and make them aware of any hypoglycaemia episodes in school.
6.13	If the hypo is mild and has been managed in school, the information can be given to parents/carers at the end of the school day, using the communication sheet. Appendix 7. Additionally, parents/carers must always be contacted by telephone.
6.14	



	A set of guidelines for needlestick injury and/or accidental exposure to blood or blood-stained fluid is included in Appendix 8.
<b>7.</b>	<b>Treatment of Severe Hypoglycaemia</b>
<b>7.1</b>	Severe symptoms of hypoglycaemia are temporarily disabling and the assistance of another person is required to treat the hypo.
<b>7.2</b>	During a severe hypo, the student has impaired consciousness, is unconscious or may have a convulsion. As the student is unable to swallow, nothing should be given by mouth.
<b>7.3</b>	To treat a student with a severe hypo, staff should: <ul style="list-style-type: none"><li>▪ Stay with the student at all times.</li><li>▪ Check that the airway is clear.</li><li>▪ Put the student onto their side in the recovery position (this is the safest position should the student vomit).</li><li>▪ Call an ambulance.</li><li>▪ Inform the parents.</li></ul>
<b>8.</b>	<b>Treatment of Hyperglycaemia (high blood glucose &gt;14 mmol/l)</b>
<b>8.1</b>	Hyperglycaemia, or high blood glucose, occurs when the level of glucose in the blood is too high.
<b>8.2</b>	This may be due to too much food, not enough insulin, stress, or illness.
<b>8.3</b>	Students may become lethargic or behave erratically and are often very thirsty and pass lots of urine.
<b>8.4</b>	Students with diabetes should be allowed to test their blood glucose level and to drink water and use the toilet freely if needed.
<b>8.5</b>	Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis, which can take from just a few hours to several days to develop, but can be life threatening, so early recognition is essential.
<b>8.6</b>	If the student is wearing an insulin pump, immediate action is required if a high blood glucose level is suspected, in case of pump failure/blockage. The health care plan should state clearly the action required.
<b>8.7</b>	High blood glucose levels and illness constitutes a medical emergency. The health care plan should state clearly the action required.
<b>9.</b>	<b>School Trips/Residential</b>
<b>9.1</b>	Diabetes should not prevent a student from going on school trips or residential. Full participation and opportunities in all academic, social and sporting activities should be encouraged as development of self-esteem and confidence in such activities can have positive effects on the management of diabetes.
<b>9.2</b>	Students are likely to be excited and much more active during school trips, and therefore diabetes management will need tailoring accordingly. Insulin doses may need to be reduced, extra carbohydrates may be required and additional supervision and blood glucose monitoring may be needed to prevent hypoglycaemia.
<b>9.3</b>	Careful planning is necessary and it is recommended that school staff meet with the student/parents/carer and the diabetes team to discuss the student's needs. They can then ensure that appropriate action is taken to enable the child to participate fully and safely on school trips, and any extra training arranged (see point 5.3 above).
<b>9.4</b>	A risk assessment may be needed and additional safety measures may need to be taken. The student's individual health care plan should also be reviewed at this time and a copy should be taken on the trip.



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<b>10.</b>	<b>Conclusion</b>
<b>10.1</b>	As a school, we accept the responsibility of supporting students to manage their diabetes in the school setting, so that they can participate in normal schooling activities.
<b>10.2</b>	We will ensure that appropriate staff are aware of how to treat a hypoglycaemic or hyperglycaemic episode.
<b>10.3</b>	We will ensure that liaison takes place between the student, parents/carers and the Trafford health team to ensure the school has appropriate resources and an up to date health care plan for any student with diabetes.

## Responsibility

<b>Responsible Staff</b>	Mrs Ogunmyiwa;
<b>Policy administrator</b>	Mrs Ogunmyiwa
<b>Approving body</b>	Governors – T,L,B & S Committee
<p>The Diabetes team, CCNT and school nursing team should provide advice, support, education and training regarding all aspects of diabetes management to school on a regular basis. This health care team should ensure that the school has access to up to date resources and current recommendations regarding appropriate diabetes care for students with diabetes.</p> <p>The school must make ‘reasonable adjustments’ to ensure students with diabetes are not put at a substantial disadvantage in comparison to those who do not have diabetes.</p> <p>Parents/carers have the prime responsibility for their child’s health and should provide school with sufficient information about their child’s diabetes. They should arrange a meeting with the Senior Tutor before the student starts school or when diabetes first develops.</p> <p>This policy is to be viewed in conjunction with BFET Supporting children with medical conditions policy.</p>	

## CHANGE HISTORY

Version	Approval Date	Approved by	Changes
	Nov 2012	T,L,B & S	