

POLICY FOR PUPILS WITH DIABETES (Senior and Junior Schools)

(This document is available on the school website or on request)

Reviewed January 2018

Diabetes is a long term medical condition in which the level of glucose (sugar) in the blood is too high because the body is unable to use it properly. This happens because:

- The pancreas does not make any or too little insulin
- The insulin produced does not work correctly
- A combination of both the above.

There are two main types of diabetes:

Type 1- (insulin dependent) this develops if the body is unable to produce any insulin. It is the most common type in children and it means the child will have to replace their missing insulin for the rest of their lives (via injection or pump therapy)

Type 2 – (non insulin dependent) Develops when the body can still make insulin but it is either not enough or does not function properly. This is often related to obesity and usually appears in people over 40. However, there has been an increase in school age children being diagnosed.

Recognising Signs and Symptoms

It is important that the staff at QEH are aware of the signs and symptoms of diabetes, especially when involved in off school activities.

Below is a list of complications and how they should be treated.

HYPOGLYCAEMIA (or HYPO)

This occurs when the level of blood glucose falls too low, usually below 4mmols (the norm being 4-8mmols). This is especially likely before meals. When this happens the pupil will often experience any of the following:

- Hunger
- Trembling
- Anxiety/irritability
- Tingling of the lips
- Sweating
- Blurred vision, glazed eyes
- Paleness
- Mood change e.g. - angry, aggressive behaviour

- Difficulty in concentrating
- Rapid heartbeat or palpitations
- Drowsiness
- Vagueness

A hypo may occur because:

- too much insulin
- too little food, especially carbohydrates
- delayed or missed meal/snack
- strenuous /unplanned activity
- alcohol
- no obvious reason

What to do:

Immediately give something sugary (a quick acting carbohydrate) such as:

- A glass of Lucozade, cola, fruit juice (no diet drinks)
- Three or more glucose tablets
- Five sweets e.g. jelly babies
- Glucogel (if they are conscious but find difficulty in eating/drinking)

This should be sufficient for those pupils using pump therapy, however, for those who inject insulin; a longer acting carbohydrate will now be required in order to prevent the blood glucose level dropping again. Examples of these are:

- Roll or Sandwich
- Portion of fruit
- Individual pack of dried fruit
- Cereal bar
- Two biscuits (e.g. digestive, ginger nuts)
- A meal if it is due

If there is no improvement after 15 minutes something sugary should again be given.

If the pupil becomes unconscious

- **DO NOT** give anything to eat or drink
- Ensure they are breathing and place them in the recovery position
- Contact the school nurse who can administer a glucagon injection if available
- Call 999 (ambulance)
- Contact the parents
- Continue to observe

HYPERGLYCAEMIA (or Hyper)

This occurs when the levels of glucose in the blood rises above 10mmols and stays high. The symptoms do not appear suddenly but will build up over time. They include:

- Thirst
- Frequent urination
- Tiredness

- Dry skin
- Nausea
- Blurred vision

What to do:

The pupil should be encouraged to administer extra insulin to counter act the high levels of glucose and drink plenty of water.

Call 999 if any of the following occur:

- Deep and rapid breathing
- Vomiting
- Breath smells of nail polish remover

Treatment of Diabetes

QEH recognises the importance of helping pupils with this condition in achieving near normal blood glucose levels in order to improve the well being of the pupil.

INSULIN:

Insulin is either given sub cutaneous as an injection up to four times a day or via a pump device. Pupils will need to adjust their insulin according to their daily routine. In order for them to calculate the levels of units of insulin required they will need to test their blood glucose levels regularly using a finger prick test.

Insulin pens can either be disposable or replaceable and should be kept at room temperature. Unused cartridges of insulin however should be stored in a fridge. Once opened, the cartridges will need to be used within 1 month.

The school will provide a safe environment where upon the pupil can store and administer their insulin if desired. The pupil may wish to carry their insulin around - in this respect the independence and wishes of the pupils should be respected.

Each pupil should be allocated a named container in the designated diabetic cupboard where upon they can store their insulin pens, blood glucose monitors and other spare equipment. This will be cleaned and checked on a regular basis by the school nurse. Pupils will be notified if equipment is nearing expiry in order that fresh supplies can be brought in. A fridge is provide for the safe storage of insulin and sharps boxes for safe disposal of needles.

Meals and Snacks

It is vital that the diabetic pupil have regular meals and snacks in order to maintain stable blood sugar levels. QEH recognises that the pupil may need to drink or eat snacks during lessons in order to prevent the possibility of a "Hypo".

Priority should be given at lunch time to all pupils with diabetes and they should be allowed extra portions if required. It is sometimes the case that Diabetics are also diagnosed with coeliac disease. Therefore, the catering staff will ensure an appropriate meal is provided each day. The catering staff will be issued a list of all pupils with diabetes alongside their photo for ease of recognition.

Exercise and Activity

The majority of pupils with diabetes should be able to enjoy all kinds of physical activity and thus the school will encourage all pupils to join in on all school sports and activities. However, the school recognises that diabetics will need to prepare themselves carefully prior to any activities that will use up glucose. If a pupil has a blood glucose of 15mmols or above they should not participate in any physical activity. The school nurse should be notified.

Pupils should be encouraged to monitor their blood glucose levels prior to activity.

Pupils should be informed of how strenuous/long the activity is in order they can eat appropriate snack prior. They should also be allowed to stop the activity at any time to eat further snacks or have a drink.

The Pupil and the teacher leading the activity should ensure that glucose tablets or a sugary drink are easily accessible in case of a Hypo. There is no reason why the pupil should not return to the activity once they have recovered.

Pupils wearing an insulin pump should disconnect the pump during contact sport. This should be for no longer than an hour. Once the activity is over the pupil should reconnect their pump and test their blood glucose levels. In the case of extended activity it is important to check that pupils are managing their glucose levels. Pupils who have pump therapy should have a plastic needle/port attached to the pump in order to reduce the risk of needlestick injuries to others during contact sport.

School Trips:

Pupils with diabetes will not be excluded from day or residential visits on the grounds of their condition. They are protected by the DDA (Disability Discrimination Act) and the DED (Disability Equality Duty) and the Equality Act (2010).

Day Trips:

These should not cause any problems, however it is important that:

- The pupil takes their insulin and injection kit with them. Even those who do not usually inject during school hours as delays need to be accounted for.
- Pupils should provide extra snacks and drinks
- Pupils should take their blood glucose monitor with them.

Residential/overnight trips

It is vital that the pupil is confident at managing their own injections and monitoring their blood glucose levels. If they are not confident, then the pupil may not be allowed to go on the trip. The Headmaster will decide.

The pupils Health care plan should be provided to the staff present on the trip with guidelines on how to deal with a HYPO or HYPER.

The pupil should ensure he takes the following:

- Tablets or insulin injections (plus spares)
- Blood glucose monitoring kit (plus spare battery)
- Hypo remedies
- Ketone urine/blood test sticks

- Emergency contact numbers
- Personal identification card/bracelet
- Letter from the diabetic team or school nurse confirming the pupils condition and need for needles/injection during a flight (required by Customs and Excise)

Insulin pump users should provide:

- Spare insulin set
- Spare battery for the pump
- Extra insulin for the pump
- Extra long acting insulin
- Insulin pen/syringe in case of pump failure.

The school will have a spare diabetic kit (blood glucose monitor, glucose tablets and Glucose gel in the first aid kit provided). During ski trips the school will provide a card in the local dialect advising the relevant ski instructor of signs/symptoms/treatment of a hypo.

In school

- It is the parents responsibility to ensure that all details of regime, treatment are updated to the school nurse including full contact details
- The parents should ensure that all supplies of snacks, glucose therapy, insulin and blood glucose testing are kept in stock and in date
- The School Nurse will inform all relevant staff of any pupils with diabetes. A list of all pupils will be displayed on Staff notice boards, the school office, the Gym, Failand and the catering department.
- Each pupil will have a Health care plan specific to their needs.
- Staff need to be aware of any pupils with diabetes in their care during off school activity. They should feel confident on how to recognise a Hypo and its treatment.
- The school nurse will provide regular updates to staff on diabetes.
- Pupils with diabetes should carry their own supplies of extra snacks/drinks when they take part in strenuous activities. Emergency supplies of Glucose drinks, tablets, gel and biscuits will be kept in the Health Centre.
- Sharp boxes will be provided in the health centre for safe disposal of needles/vials
- All pupils with Diabetes will be encouraged to fully take part in QEH life maintaining their independence and privacy.