

## **Earlscliffe (Sussex Summer Schools Ltd)**

### **DIABETES**

#### **Description of clinical condition**

##### **Diabetes Mellitus**

Most children will have Type 1 diabetes (requires treatment with insulin). The body is unable to produce insulin to regulate the amount of sugar in the blood.

#### **Requirements at school**

Students who require insulin injections at lunchtime will be independently responsible. A private place to take the injection is welcomed and there may need to be an arrangement so that they do not miss their lunch because they have missed their place in the queue.

#### **Complications at school**

##### **Hypoglycaemia**

People with diabetes may be prone to episodes of low blood sugar (hypoglycaemia) or 'hypos'.

#### **Precipitating factors**

After or during exercise

When a meal or snack is due

#### **Preventative measures**

Provision of a sweet snack before PE or extracurricular activities

Meals or snacks should not be delayed

Be aware of Students at meal times

Be aware if students detained in class for any reason

#### **Likely symptoms any of the following**

Pallor, sweating

Shaking or unsteadiness

Funny feelings in the head or abdomen, faintness

Uncharacteristic behaviour – either quiet (vague), confused or obstreperous

Other as advised by parent

#### **Treatment**

Treatment is with sugar, for example - 3 or 4 glucose tablets (e.g. Dextro-energy, Lucozade)

Half a glass of Lucozade or milk

Other as advised by parent; such as Hypo stop.

If you are not sure whether it is a Hypo or not, treat anyway as no harm will be done.

The treatment can be repeated after 5 – 10 minutes if the child is not feeling better.

Unless a meal or snack is coming up, it is a good idea to give something more solid as well e.g. a couple of plain biscuits.

Treatment can be given in class.

Do not make an unnecessary fuss.

If a child is feeling unwell they **should not leave the class unless accompanied by a responsible person**. If untreated a Hypo can cause a child to pass out completely. If this happens – give nothing by mouth, lay the child in recovery position, call for ambulance

### **Follow-up**

If Hypos are occurring frequently you should share this information with the parent and the school medical officer.

### **Blood testing**

Blood testing – It is rarely necessary for this to be done at school but if required provide an environment where this can be done without fuss. Parent may wish to negotiate a system for you to report results back to them.

### **Issues for school trips**

These should not present a problem provided the following principles are followed:

Regular meals and between meal snacks (take some extra food in case of unforeseen delays)

Extra snacks or sweets for vigorous or sustained physical activity

Prompt treatment of hypoglycaemia should it occur

Changes in treatment should be discussed well in advance of a trip especially if there is an overnight stay.

The degree of supervision required for the student should be discussed with parents.

### **Responsibilities of School Nurse**

Provide relevant training on the management of diabetic student at school to school staff.

Ensure relevant staff receive appropriate training.

Ensure appropriate facilities and procedures are in place in education environments to manage students with diabetes.

Liaise with parents in relation to sharing information on health and medicine requirements for their children.

Should ensure that teachers are aware of diabetic pupils in their class. Information on Staff Room board.

the class teacher has relevant information sheets on diabetes

the protocol is up to date

teachers including PE teachers are aware of symptoms of hypoglycaemia and are confident in managing an episode

any problems or concerns are referred to the school nurse

### **Documentation**

Child health care plan in liaison with parents  
Record of any incidences.

### **Responsibilities of Parent**

Inform the school of their child's condition, symptoms and treatment  
Keep school information current  
Provide school with relevant snacks, emergency requirements

### **Education staff e.g. teachers, nurse and ancillary staff**

Obtain relevant information about diabetics in their class  
Attend training on how to recognise symptoms and manage them and keeping this information up to date  
Liaise with health staff

### **Equipment/facilities**

Storage of supplies from parents for treatment of hypos and procedure for access  
Safe storage for insulin – most children will be responsible for their own insulin if it is required during the school day.  
If insulin requires to be kept at school, it should be labelled with the child's name and appropriate directions. The insulin should ideally be stored in a refrigerator and kept separate from food (e.g. in a plastic box).  
Access to the refrigerator should be restricted and will be kept in the medical room or in the College Office.  
Insulin pens may be stored at room temperature.

### **Exceptions**

school not advised by parent of child's condition  
staff member declines to provide treatment

In these instances it would be appropriate to contact the child's parents or phone for medical assistance.

Policies in place in school e.g. child protection, health and safety, consent (age child is responsible for own decisions) and who is given advice