



## **St John Bosco Diabetes Policy**

### **Introduction**

St John Bosco recognizes that diabetes is a serious but controllable condition and welcomes all pupils with diabetes. We ensure all pupils with diabetes can and do participate fully in all aspects of school life including physical activities, visits, field trips and other out-of-school activities. We recognise that pupils with diabetes need immediate access to medicinal food/equipment at all times. St John Bosco keeps a record of all pupils with diabetes and their medicinal requirements, we ensure that all members of school staff (including supply teachers and support staff) who come into contact with pupils with diabetes know what to do in the event of a diabetic child becoming unwell. St John Bosco works in partnership with interested parties, such as the Governing Body, members of school staff, parents, pupils and outside agencies to ensure the best educational outcomes possible for pupils with diabetes.

### **What is Diabetes?**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin injections, 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 diet and exercise alone.

### **Health Care Plans**

Each child with diabetes will have a health care plan in place which has been put together by diabetic nurses and parents. School then receives a copy of the health care plan. Each child may experience different symptoms and these are detailed in each child's health care plan.

### **Poor Diabetic Control**

All staff have a duty of care to children and are responsible for identifying when they think a child's diabetes is not under control. It is important that parents are made aware by the class teacher should concerns be identified. Staff also have a duty to inform diabetic nurses if they are concerned about a child's management of diabetes.

Staff should be aware of:

- Greater than usual need to go to the toilet or to drink,
- Tiredness and weight loss

### **Staff with Diabetes**



Staff including students, volunteers etc with diabetes should make their condition known and their treatment plan available. Children and staff should be made aware of what to do if the member of staff is unwell.

### **Reporting to Parents**

- **On a daily basis staff record units of insulin administered to each child in their individual care folder. Blood is tested regularly if a child is low/high staff record in the care folder what measures are taken to rectify the levels a slip is also completed and handed to the parent at the end of the day. Slips are kept in a wallet on the door of the child's classroom. The adult dismissing the children is responsible for checking if any diabetic slips need to be given out.**
- **If a child's levels are significantly high/low and blood levels do not go back to normal after 3 attempts, parents are contacted and children are sent home.**
- **Parents are reminded it is their responsibility to check their child's care folder daily.**
- **It is up to school staff to let parents know if their child's insulin, food, equipment is running low – under no circumstances can another child's equipment be used. It is then parents responsibility to re stock school supplies.**

### **Medicine and Control for children**

The diabetes of the majority of children is controlled by injections of insulin each day.

- All children will be in the presence of two diabetic trained members of staff when insulin/treatment is being given.
- Parents will notify office staff of any changes to insulin dosage as and when needed, office staff will write down any changes on an overview sheet and parents must sign these new changes.
- Some children administer the injections themselves, however the decision that children can manage their own injections is made by diabetic nurses/parents and St John Bosco are not involved in this decision process.
- If a child feels unwell they alert staff by showing a diabetic card or speaking to the member of staff.
- If a child feels low/high on all occasions they will be escorted to the school office (the office is made private by blinds being down and doors locked.) Office staff will check blood levels; if children are low they stay with office staff until normal levels are restored.
- The administration of Insulin takes place in the intervention room in the EYFS in the presence of 2 members of trained staff (timetabled).
- In the case of an emergency medication will be administered wherever the child is ensuring their privacy is protected e.g children removed from classroom, screens used.
- If stated on the health care plan older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic

specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

- Each child has an allotted time when their insulin is delivered before lunch time
- Certain children will be required to have their blood levels checked at regular intervals throughout the day, staff are made aware of this by an alarm that is set to go off at certain times of the day.
- Children with diabetes need to ensure that their blood glucose levels remain stable and may need their levels checking by taking a small sample of blood and using a small monitor. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. An adult must always be present when doing so.

### **Staff Training**

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

- Training is delivered by diabetic nurses and staff administering medication without being signed off will be observed by a trained member of staff.
- All staff must be 'signed off' by the diabetic nurses.

### **Management of Diabetes**

- Each diabetic child has their own medical box kept in a lockable cupboard within the office.
- Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. School may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes.
- If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand (escorted to office)
- Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes:
  - hunger
  - sweating
  - drowsiness pallor
  - glazed eyes
  - shaking or trembling
  - lack of concentration
  - irritability
  - headache
  - mood changes, especially angry or aggressive behaviour
- Each child may experience different symptoms and this should be discussed when drawing up a health care plan.
- If a child has a hypo, it is very important that the child is not left alone. A diabetic trained member of staff will be sent for immediately and a fast acting sugar, such



as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

- An ambulance should be called if: recovery takes longer than 10-15 minutes or if the person becomes unconscious. If a child is taken to hospital their copy of their health care plan should be taken from the paramedic folder (in office) and handed to the crew. A new copy should then placed in the folder.
- Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink.
- If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

### **Awareness around School**

- Information and photographs of children with diabetes are displayed in the child's classroom, dining hall (dinner ladies cupboard), staffroom, kitchen and office.
- Individual Health care plans are available in the school office, child's classroom, paramedic folder.
- Photos of diabetic trained staff are displayed around school

### **Educational trips/Residentials**

- At least 2 members of diabetic trained staff must accompany children on any trips, along with medicine, foods and health care plan/carefolder.
- Blood checks and Insulin delivery will be administered as part of their normal routine.

### **MONITORING AND REVIEW**

It is the responsibility of all staff to follow this policy. The Senior Leadership Team will carry out monitoring as part of the whole school monitoring system.

This policy will be reviewed before the start of each academic year and will evolve to incorporate the views of all staff concerned.

Date: 4<sup>th</sup> March 2018

Review date: March 2019

Senior member of staff responsible: Edward Masterson (Head Teacher)

Designated member of school staff: Bethan Hill (In charge of Medical Provision)