

Diabetes Policy

Policy Owner: Bursar

This is a whole School policy and applies to all members of Cophorne Preparatory School including the EYFS.

1 Introduction

This school recognises that diabetes is a common condition affecting children and welcomes all pupils with diabetes.

This school (makes every effort to) supports children with diabetes in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy that is understood by the school staff and working with all the relevant parties to support each child. This policy aims to ensure all relevant staff receives training about diabetes.

Communication between the school, the parents and relevant practitioners are key to ensuring the child's well-being and safety at school. The school should be informed of changes in the child's diabetic condition so that records can be updated and relevant actions taken.

2 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).

The majority of children 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.

Children with Type 2 diabetes are usually treated by diet and exercise alone.

The commonest problem encountered is Hypoglycaemia (Hypo's) when the blood sugar level goes too low. The onset of Hypoglycaemia occurs in a matter of minutes and untreated the child may then go unconscious within minutes. The child may recognize the symptoms which include:

- Feeling faint
- Unsteadiness
- Sweating
- pallor
- irrational, argumentative or aggressive behaviour

The more rare problem of Hyperglycaemia (Hyper's) can lead to a diabetic coma This develops more slowly over a period of hours. The symptoms include:

- drowsiness
- thirst
- vomiting

Treatment for Hypo (low sugar)

If a child has a hypo, it is very important that the child is not left alone and that 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. If it takes more than 10-15 minutes, contact the parents.

An ambulance should be called if:

The child's recovery takes longer than 10-15 minutes or if the child becomes unconscious.

Treatment for Hyper (high sugar)

When monitoring sugar levels if they remain constantly high, parents need to be notified and ascertain the cause.

In the unlikely case that a child has a hyper then the parents should be contacted. If they are not contactable and we have any concerns about the child's health we should seek medical advice.

3 Record Keeping

When a child with diabetes is admitted to Cophorne Prep School, or a current pupil is diagnosed with the condition, the Head arranges a meeting with the parents and pupil to establish how this may affect their school life. This should include the implications for learning, playing, P.E lessons, social development and out of school activities. Matron may also attend the meeting to talk through any concerns the family or head teacher may have, such as whether the pupil requires emergency medicine. During the meeting a record of the pupils learning and health needs will be agreed and completed and signed by the Head and parents. Each child may experience different symptoms and this should be discussed when drawing up the health care plan. This record will be updated as required. Staff will also record any greater than usual need to go to the toilet or to drink. This along with tiredness and weight loss may indicate poor diabetic control, and should be brought to the parent's attention.

4 Medication

Following the meeting an Individual Healthcare Plan (IHP) will be drawn up. It will contain the information highlighted above and identify any medicines or first aid issues. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump.

Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Older children will be able to do these themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional and a record of that training and any updates kept by the school.

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 and a consistent time for lunch. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode. 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.

Supplies of lucozade and other glucose drinks (NOT DIET varieties) should be labelled with the name of the pupil and kept in the classroom and medical room. These should be checked regularly to ensure they are "in date". These should not be used for refreshment but be kept available for emergency use.

If the child is unwell with vomiting or 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.

The matron will liaise with the catering department.

5 Related Policies

This policy should be read in conjunction with the following school policies:

- Equal Opportunities
- Human Rights Act
- Disability Discrimination Act
- Disability Access Equality/Accessibility Policy

Diabetes Policy
Policies & Procedures

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