



TYPE 1 DIABETES AT SCHOOL: SCHOOL PACK

WELCOME TO YOUR TYPE 1 DIABETES AT SCHOOL: SCHOOL PACK

It's here to help make sure your school provides the best care possible for children with Type 1 diabetes.

As the UK's leading diabetes charity we're here to care for, connect with and campaign for people affected by diabetes – including children with Type 1, so that their condition doesn't affect their learning. But we're also here to support you and your school too, which is why we've developed this pack.

There are four important things to remember when putting the right care in place at your school:

- A medical conditions policy must be in place (you'll find a sample copy of this in your pack).
- An Individual Healthcare Plan (IHP) must be written for the child. There's a template available at **www.diabetes.org.uk/schools**
- Appropriate training for school staff must be arranged.
- Parents, school staff and the child's Paediatric Diabetes Specialist Nurse (PDSN) must work together so the child receives the individualised care they need.

We couldn't fit everything in this download, so we've got lots more information online for you and your colleagues at **www.diabetes.org.uk/schools**. You can order a free hard copy of this pack (which has a few more things in it) by heading there too.

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LOOKING AFTER CHILDREN WITH TYPE 1 DIABETES **AT SCHOOL**

It's essential that a child's diabetes is managed as well as possible – if it's not, their long-term health can really suffer.

But in the short-term their education can suffer too. If it's not well managed, Type 1 diabetes can mean a child has difficulties with attention, memory, processing speed, planning and organising, and perceptual skills.

If you would like more detailed information about anything featured in this handbook, go to **www.diabetes.org.uk/schools**

HOW TO USE **THIS HANDBOOK**

We've created this handbook to help you get to grips with providing the right care for children with diabetes at your school. Please keep it to hand so you can refer to it when you need to. This handbook has been divided into sections so you can find the relevant information quickly and easily, when you need it.

It's a good idea to have a read through the book in full at first so you're familiar with it and the information it includes.

There are also some key words and phrases that you'll need to get familiar with when caring for a child with Type 1 diabetes. We've included some of the main ones below, which are mentioned throughout this handbook:

PDSN	Paediatric Diabetes Specialist Nurse
IHP	Individual Healthcare Plan
MDI	Multiple Daily Injections
CGM	Continuous Glucose Monitor
Hypo	Hypoglycaemia
Hyper	Hyperglycaemia

GETTING STARTED

MEDICATION AND TESTING

EATING

HIGHS AND LOWS

SCHOOL LIFE

GETTING STARTED

To start with you'll need to know a little bit more about Type 1 diabetes and the sorts of things that need to be in place at your school.

To look after a child with diabetes properly your school should have:

- a medical conditions policy
- an Individual Healthcare Plan (IHP) for each child
- appropriate training for staff
- a working relationship between the child, their parent or carer and their Paediatric Diabetes Specialist Nurse (PDSN).

Children with Type 1 diabetes are just like other children, except they have the added complication of injecting, blood testing and managing hypos, which can make them feel different from their friends and classmates.

While many children don't want to stand out or be treated differently, there may be times when they need extra help and support. So handling conversations about their diabetes should always be done sensitively.

It's also important to remember that children with Type 1 diabetes are not all the same. The way one child manages their diabetes will be different to another. So you, or whoever is responsible for caring for a child with diabetes at your school, will need specific advice and training in their individual needs from their parent and PDSN.

Every child with Type 1 diabetes should have an IHP, which should be developed following a meeting with the child (where appropriate), their parent or carer, PDSN and relevant school staff. This plan should detail the child's individual care needs.

To download a sample IHP go to

www.diabetes.org.uk/schools

What is Type 1 diabetes?

Type 1 diabetes develops when your pancreas can't make any insulin to manage the levels of glucose in your blood properly, allowing too much glucose to build up.

We need insulin to help glucose get into our body's cells, where it's used for energy. If glucose can't get into the cells and your blood glucose levels are too high for too long, you can get extremely ill.

Type 1 diabetes usually develops before you're 40 years old, and is the most common type of diabetes found in children and young people. It's one of the main types of diabetes. The other is Type 2 diabetes. They're different conditions, but once you're diagnosed with either, you have it for the rest of your life.

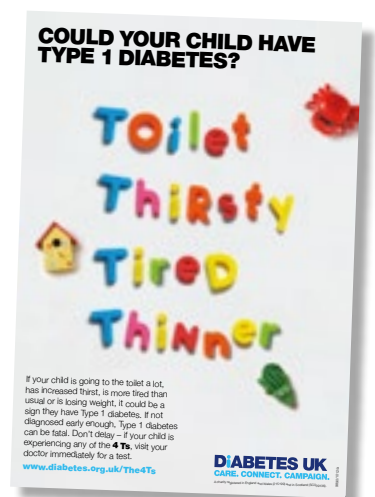
The information in this handbook is about children with Type 1 diabetes.

The 4 Ts of Type 1 diabetes

If you work in a school, you can be in a position to spot the early signs that a child may have Type 1 diabetes. There are four common symptoms you can look out for. They're what we call the 4 Ts of Type 1 diabetes...

- Toilet
- Thirsty
- Tired
- Thinner

If a child is going to the toilet a lot, has increased thirst which they can't quench, is more tired than usual or is losing weight it could be a sign they have Type 1 diabetes. Don't delay – tell the parents or carer and advise them to take their child to a doctor immediately for a test.



MEDICATION AND TESTING

Children with Type 1 diabetes can't produce any insulin, which means they must take insulin and check their blood glucose levels regularly throughout the day.

Insulin

Insulin can't be swallowed like a medicine. It either needs to be injected or given via a pump. Children who inject their insulin will usually take four or more injections a day (known as Multiple Daily Injections or MDI). However, some may only take insulin twice a day.

Injecting at school

Children who need to inject at school will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin 'pen' device rather than a syringe. Some children may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed.

Children might need help with injecting, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, demonstrate how the equipment is used and tell you how the pen and insulin should be stored.

Multiple Daily Injections (MDI)

MDI can control blood glucose levels better than twice daily injections. Most children are now started on MDI from diagnosis. Children taking MDI will need an injection with each meal as well as one at bedtime and/or in the morning. This means they'll need to have an injection at lunchtime, and perhaps at other times of the school day too.

Two injections a day

Children who take two injections a day usually take them at breakfast and evening meal time, and so won't usually need to inject during the school day. This is less common nowadays.

Insulin pumps

An insulin pump delivers a small amount of insulin round the clock via a thin flexible tube. This is connected to a cannula, which is inserted just under the skin. The cannula usually stays in place for 2–3 days so shouldn't need changing at school unless it becomes dislodged or blocked.

Insulin pumps at school

Children who use an insulin pump will need to give extra insulin via the pump when they eat or if their blood glucose levels are high. This is done by pressing a combination of buttons. Again, children might need help with this. Their parent, carer or PDSN can teach school staff how to give insulin via the pump and how to look after the pump at school.

Blood glucose testing

Most children with diabetes will need to test their blood glucose levels on a regular basis, including at school. Blood glucose testing involves pricking the finger using a special device to obtain a small drop of blood. This is then placed on a testing strip, which is read by a small, electronic blood glucose meter. A test usually takes a few seconds.

A child is likely to need to test:

- before meals
- before, during and/or after physical activity
- if they're unwell
- anytime they or school staff feel that their blood glucose level is too low or too high.

Children might need help with blood testing, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, demonstrate how the equipment is used and tell you how often blood glucose testing should be done.

Continuous Glucose Monitor (CGM)

Some children will wear a CGM. This is a small sensor that remains attached to them 24 hours a day, and gives automatic and frequent blood glucose readings. Children wearing a CGM generally won't need to test their blood glucose levels regularly during school hours. CGM is not available to all children but may be used in specific circumstances.

The help a child needs with taking insulin and blood glucose monitoring will be explained in their IHP.

EATING

No food is off limits just because a child has Type 1 diabetes, but food and drink choices can affect a child's diabetes management.

Food

Children with diabetes should follow the same diet that's recommended for all children – one that's low in fat (for older children), salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack.

Diabetic foods are not recommended because they still affect blood glucose levels, can have a laxative effect and are expensive.

Carb counting

All children using a pump, and most using MDI, will match their insulin exactly to the amount of carbohydrate in the food they're about to eat. This is known as carbohydrate or 'carb' counting.

Children might need help with carb counting, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer, PDSN or dietitian will be able to explain the help they need, explain exactly how it works and give you all the information you need to carb count.

Snacks

Children who take insulin twice a day and younger children (no matter how they take insulin) may need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the individual child, but could be:

- a portion of fruit
- an individual mini pack of dried fruit
- a cereal bar
- a small roll or sandwich
- biscuits.

Older children who take insulin with meals or who are on a pump may not need snacks between meals. The child's parent, carer or PDSN will advise on whether snacks are needed and when, and the best type of snack to be taken.

Eating times

Children who take multiple daily injections or who use a pump can usually be reasonably flexible with their eating times. But if a child takes two injections of insulin per day, meals and snacks may need to be eaten at regular intervals to help keep blood glucose levels stable.

It's important to know if there are specific times when the child needs to eat and make sure that they keep to these times, as a missed or delayed meal or snack could lead to hypo (see highs and lows section).

Refer to the child's IHP for specific information about how to manage their food during the school day.



HIGHS AND LOWS

If a child's blood glucose levels are too high or too low while at school, they might start to feel unwell. Some children with diabetes may have more frequent absences because of their condition. Here are some of the things to be aware of and look out for.

Hypoglycaemia (hypo)

Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly.

Sometimes there's no obvious cause, but usually it's because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.

How to recognise a hypo

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale.

Symptoms can be different for each child and the child's parent or carer can tell you what their child's specific warning signs are. They will also be listed in the child's IHP.

Treating a hypo

Hypos must be treated quickly.

Left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. Some children will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help.

A child should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the child.

In the event of a child having a hypo, here's what to do:

1

Check the child's blood glucose level (when possible).

2

Immediately give them something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets or fruit juice*.

3

After 10–15 minutes, check the blood glucose level again. If the level is still low, repeat step 2.

4

Check the blood glucose level again in another 20–30 minutes to make sure that they have returned to normal.

5

Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due*. The child's parent, carer or PDSN will tell you if they need a follow-on snack.

*Amounts will vary depending on the child's age. The child's parent, carer or PDSN will advise you on how much should be given. This should also be explained in the child's IHP.

Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the child can't continue with whatever they were doing. However, it can take up to 45 minutes for a child to fully recover.

Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a child have one.

Unconsciousness

In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position (lying on their side with the head tilted back). Call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.

All parents have an emergency injection of glucagon (a hormone that raises blood glucose levels), which can be given if a child becomes unconscious, and in some cases this will be available in school. The child's parent, carer and PDSN will advise on whether this is necessary and if so training will be given by the PDSN.

Hyperglycaemia (hyper)

Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. All children are likely to have high blood glucose levels sometimes and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Treating a hyper

Depending on how a child takes their insulin, if their blood glucose is only high for a short time, treatment may not be needed. But if blood glucose has been high for some time, treatment may include:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones.

Children on pumps will need to treat high blood glucose levels more quickly.

The child's parent, carer or PDSN will be able to tell you what treatment is needed and when.



SCHOOL LIFE

Diabetes shouldn't stop a child from being involved in all parts of school life. There are though a number of things to consider to ensure they are given the same education and opportunities as their classmates.

Physical activity

Diabetes shouldn't stop children from enjoying any kind of physical activity, or being selected to represent your school in sports teams. But children with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids.

All forms of activity, like swimming, football, rugby, netball, hockey, running and athletics, use up glucose. This can mean that a child's blood glucose level can fall too low and they'll have a hypo (see highs and lows section). Also, if their blood glucose is high before getting active, physical activity may make it rise even higher.

The way a child prepares for activity will vary depending on:

- when they last injected their insulin
- the type of physical activity they'll be doing
- the timing of the activity and how long it will last
- when they last ate
- their blood glucose level.

So they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose
- inject in a particular place on their body.

The child's parent, carer, PDSN or dietitian will be able to tell you about the specific preparation required, and this will also be included in the child's IHP.

Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the child's usual school routine. Things to take on a trip include:

- insulin and injection kit, for a lunchtime injection or in case of any delays over their usual injection time
- blood testing kit
- hypo treatments (see highs and lows section)
- pump supplies (if appropriate)

- extra food or snacks in case of delays
- emergency contact numbers.

The child's parent, carer or PDSN will be able to tell you of any adjustments that need to be made.

Overnight stays

When staying overnight on a school trip, a child who injects will need to take insulin injections and test their blood glucose levels (which may include testing at night), even if these aren't usually done in school.

If the child can't do their own injections, manage their pump or test their blood glucose levels, they'll need to be done by a trained member of staff.

School staff should meet with the child's parent, carer and PDSN well in advance of the trip to discuss what help is required and who will assist the child.

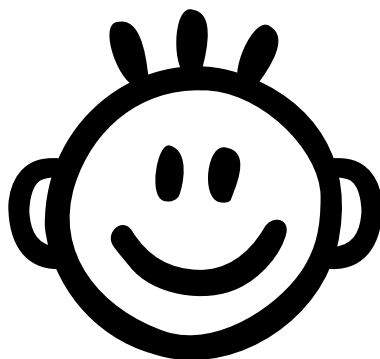
Exams

Managing a child's diabetes during an exam needs to be planned for in advance. The child will need to take their blood glucose monitor and hypo treatment into an exam and may need extra time to finish the exam.

Talk to the child, their parent and PDSN and refer to the child's IHP for the type of extra help needed.

WHAT CARE TO EXPECT AT SCHOOL

Diabetes UK believes that every child with Type 1 diabetes deserves to have the same education as their classmates. This means:



- ✓ No child with Type 1 diabetes should be excluded from any part of the school curriculum.
- ✓ Every child with Type 1 diabetes should have access to extracurricular activities, including overnight stays and trips abroad.
- ✓ Schools, local authorities and health services should work together to make sure they meet the needs of children with Type 1 diabetes.
- ✓ Paediatric diabetes teams should provide training and support to schools, so school staff have the skills and confidence they need to look after a child with Type 1 diabetes.
- ✓ No parent should be relied on to go into school to treat their child's diabetes.
- ✓ Every child with Type 1 diabetes should be allowed to inject insulin, in public or in private, depending on their wishes.
- ✓ Every school should have a 'medical conditions at school' policy, which is updated every year.
- ✓ Every child with Type 1 diabetes should have an Individual Healthcare Plan (IHP), which details exactly what their needs are and who will help them.
- ✓ Parents should provide up-to-date information about their child's needs and all the supplies needed to manage diabetes in school.
- ✓ Not assuming that all children with Type 1 diabetes have the same needs.
- ✓ All school staff should know what to do in case of emergency and at least two people should be trained in how to care for a child with Type 1 diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.
- ✓ Schools and parents should agree on a clear method of communication.
- ✓ Children with Type 1 diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.
- ✓ Children with Type 1 diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.
- ✓ When children with Type 1 diabetes have exams, specific plans should be included in that year's IHP and agreed between the school, the child and their parents.
- ✓ Children with Type 1 diabetes should not be sent home frequently or penalised for poor attendance when absence is related to their diabetes.
- ✓ Every child with Type 1 diabetes should be listened to and their views taken into account.

MYTHS ABOUT DIABETES

Lets put the record straight. People say lots of different things about Type 1 diabetes – but not all of it is true.

CHILDREN GET TYPE 1 DIABETES BECAUSE THEY EAT TOO MANY SWEETS

NOT TRUE

We don't fully know what causes Type 1 diabetes and why some children get it and others don't. But we do know it's not something you can prevent – and it's definitely nothing to do with eating sweets (or any other sugary foods).

CHILDREN GET TYPE 1 DIABETES BECAUSE THEY ARE OVERWEIGHT OR USED TO BE OVERWEIGHT

NOT TRUE

Children don't get Type 1 diabetes because they're overweight or used to be overweight. Type 1 diabetes has nothing to do with weight or lifestyle. Being overweight puts people more at risk of Type 2 diabetes, which is rare in children.

TYPE 1 DIABETES IS THE SAME AS TYPE 2 DIABETES

NOT TRUE

They are two different conditions.

People with Type 1 diabetes don't produce any insulin, so the only way to treat it is with insulin

injections or a pump. It usually develops before you're 40, and is the most common type of diabetes found in children.

People with Type 2 diabetes don't produce enough insulin or their insulin isn't working properly. It can be treated by a combination of eating a balanced diet, keeping active and medication, which might include insulin. It usually occurs later in life and is much more common in adults.

CHILDREN WITH TYPE 1 DIABETES CAN'T EAT SWEETS

NOT TRUE

Children with diabetes should follow the same diet that's recommended for all children – one that's low in fat (for older children), salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack.

CHILDREN WILL GROW OUT OF TYPE 1 DIABETES

NOT TRUE

There is no cure for diabetes. Once a child is diagnosed with Type 1 diabetes, they have it for life. But it can be successfully managed by taking insulin, eating a healthy balanced diet and keeping fit and active.

**CHILDREN WITH TYPE 1
DIABETES ONLY GO 'HIGH'
BECAUSE THEY'VE DONE
SOMETHING WRONG**

NOT TRUE

Type 1 diabetes in children is unpredictable and difficult to manage. Lots of things affect blood glucose levels, such as growing, puberty, stress and illness. Often there will be an obvious reason why a child has a high or low blood glucose level, but sometimes they just happen and can't be stopped.

**CHILDREN WITH
TYPE 1 DIABETES
CAN'T PLAY SPORTS**

NOT TRUE

Children with Type 1 diabetes can still play sports. It just means they might need to plan ahead by checking their blood glucose level, adjusting their insulin dose or having a snack before and/or afterwards. They might also need to test their blood glucose levels before, during and/or after playing.

**CHILDREN WHO USE
AN INSULIN PUMP HAVE
A MORE SEVERE TYPE
OF DIABETES**

NOT TRUE

All types of diabetes are serious. An insulin pump is just another way of managing Type 1 diabetes. Children who use a pump do so because they and their doctor feel it's the best way of managing their diabetes.

**CHILDREN WITH TYPE 1
DIABETES SHOULD EAT
SPECIAL DIABETIC FOODS**

NOT TRUE

Foods labeled 'diabetic' or 'suitable for people with diabetes' have no benefit for children with diabetes. They're often expensive, high in fat and calories and can still cause blood glucose levels to rise. They can also cause side effects such as diarrhoea.



SAMPLE

MEDICAL CONDITIONS POLICY



POLICY STATEMENT

This school is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they left school.

The named member of school staff responsible for this medical conditions policy and its implementation is:

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

POLICY FRAMEWORK

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term conditions including diabetes.

1 This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions is anticipatory.

2 This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders should include pupils, parents, school nurse, school staff, governors, the school employer and relevant local health services.

3 The medical conditions policy is supported by a clear communication plan for staff, parents* and other key stakeholders to ensure its full implementation.

- Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

4 All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children with a medical condition at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

5 All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

6 This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at this school understand that they should let the school know immediately if their child's needs change.

- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

7 This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

8 This school has clear guidance about record keeping.

- Parents at this school are asked if their child has any medical conditions on the enrolment form.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents before sharing any medical information with any other party.
- This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence,

and this school keeps an up-to-date record of all training undertaken and by whom.

9 This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- This school makes sure that pupils with medical conditions can participate fully in all

aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/ALNCO/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10 This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the

pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

11 Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- The roles and responsibilities for all relevant parties can be found at **www.diabetes.org.uk/schools**

12 The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.



To download a template copy for your school, go to **www.diabetes.org.uk/schools**

This information is based on Medical Conditions at School – A Policy Resource Pack **www.medicalconditionsatschool.org.uk**

TALKING TO PARENTS

When a child with Type 1 diabetes joins your school or has recently been diagnosed, it's important to set up a meeting with their parents or carer as soon as possible.

Every child's diabetes is different and the type of support and level of help varies from child to child. That's why it's important to speak to the child's parents as soon as you can. They'll be able to explain the care their child needs whilst at school.

Previous experience

You may already have pupils with Type 1 diabetes in your school or have previous experience of supporting a child with Type 1. However, don't make comparisons or assume past experience is relevant to the individual child you are dealing with now.

You may, of course, wish to reassure the parents with your existing knowledge and give them confidence that their child will be well looked after. Making a general statement that you have some existing knowledge may well serve that purpose.

Meeting a family

When meeting with a family it's important to bear in mind the anxiety they may be feeling. If a child has just been diagnosed, their parents will most likely still be getting to grips with the condition and may have concerns about fitting diabetes management into everyday life, including going to school.

Similarly, for parents whose child has had diabetes for a long time, but who is, for example, moving to a new school, there may also be concerns. Moving schools can be a worrying time for both parents and children, especially if the child can't look after their diabetes themselves.

Some parents may have had negative experiences with a previous school's approach to including their child or heard from other families who have had bad experiences. This could make them very nervous about a similar thing happening again. On the other hand, if parents have had very good experiences, they may have concerns about whether a similar level of care will be provided in a new school. Your reassurance and support at this stage will be invaluable and help to promote a positive and open relationship with the family concerned.

The conversation

As you may already be aware from experience with parents who are concerned about their child, some parents' approach to discussions may be out of character. Anxiety may appear as frustration, resulting in tears or apparent aggression.

It can be difficult not to interpret this as a reaction to your conversation, rather than a manifestation of the situation they are in and nothing to do with your approach to the meeting. Parents will be eager to make sure they are heard and understood. Taking the time to seek clarity and confirm your understanding may help to put them at ease.

It's possible there will be some requests raised by the parents that you are concerned about. Try to be open with parents about your own concerns. In most cases further discussion will help you to better understand the request and all it involves, so that an agreement can be reached. An open and honest dialogue can help prevent confusion and future misunderstandings.

If you have any queries or concerns about managing Type1 diabetes in school, call the **Diabetes UK Careline** on **0345 123 2399*** Monday–Friday, 9am–7pm, or email **info@diabetes.org.uk**



DIABETES LOG BOOK

If you have to inject insulin or take blood glucose readings for a child with Type 1 diabetes at your school, use this log book to record the results. The child can then take it home so their parents or carer know what's happened during the school day.

Photocopy the next page of this log book so you can use it in school.
Or, to order a free hard copy of this book with lots more pages, go to
shop.diabetes.org.uk/go/diabetes-log-book

**The details
on this page
should be
filled in by the
child's parent
and/or PDSN.**

PERSONAL DETAILS

★ **Name** _____

★ **Class** _____

★ **Type of insulin** _____

★ **Insulin to carbohydrate ratio/s**

★ **Correction dose/s**

★ **Parent name** _____

★ **Parent contact numbers**

★ **Key contact at school**

DATE _____

LUNCHTIME INSULIN

Time _____ Blood test _____

Type of food and amount	Insulin dose

OTHER BLOOD TESTS

Time	Result	Action taken

Notes

DATE _____

LUNCHTIME INSULIN

Time _____ Blood test _____

Type of food and amount	Insulin dose

OTHER BLOOD TESTS

Time	Result	Action taken

Notes

DIABETES CARD

Designed for a child to carry with them at school, it states that the child has diabetes and what to do if they have a low blood glucose level (hypoglycaemia).


**Cut along the line.
When a child is using
scissors, make sure
an adult is supervising.**




Fold here.




Glue together and keep.




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check my healthcare plan for further action. 

away to get treatment

don't leave me on my own or send me 

to eat straight away

give me 

test my blood glucose level, if possible 

If I have a hypo:


**I HAVE TYPE 1 DIABETES
AND I:**

- ☐ Take insulin injections
- ☐ Use an insulin pump

DiABETES UK
CARE. CONNECT. CAMPAIGN.

When needed, I am allowed to:

- ★ eat or drink to prevent or treat a hypo (low blood glucose level)
- ★ test my blood glucose levels
- ★ take an insulin injection or adjust my pump
- ★ have a drink and/or use the toilet.

 **My hypo signs are:**

For more information about looking after a child with Type 1 diabetes in school, go to **www.diabetes.org.uk/schools**

If you have any questions about diabetes you can call the Diabetes UK Careline on **0345 123 2399*** Monday–Friday 9am–7pm or email **careline@diabetes.org.uk**

*Calls may be recorded for quality and training purposes.

DiABETES UK
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