Supporting Children and Young People with Diabetes in Sunderland Schools/Settings
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Section 1 - INTRODUCTION

These guidelines have been produced jointly by the Children’s Diabetes Specialist Nurses (CDSN) at Sunderland Royal Hospital and Together for Children SUnderland Specialist Support Team Lead for Children or Young People (CYP) with Physical and/or Medical Needs

It’s crucial that a CYP is supported to manage their diabetes in all aspects of their life, including their time at school. It is essential therefore that all staff in schools/ settings in Sunderland Local Authority have an awareness of this medical condition and the CYP’s needs

This document is intended to ensure that staff are supported and equipped to manage CYP with diabetes effectively in schools/settings in Sunderland Local Authority.

Diabetes UK provides practical information for school staff on supporting CYP with diabetes. It states:

‘Diabetes can affect learning and if it’s not well managed a child can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. So they might not achieve their full academic potential. The challenges of keeping diabetes well managed may also impact on a child’s life.’

For these reasons, it’s crucial that a child is supported to manage their diabetes in all aspects of their life, including their time at school. It is essential therefore that all staff in schools/ settings in Sunderland Local Authority have an awareness of this medical condition and the pupil’s needs
Section 2 - DIABETES IN SCHOOLS, LEGAL INFORMATION

The need for appropriate diabetes care within education settings is essential for a CYP’s immediate safety, long-term wellbeing, and optimum academic performance.

CYP with diabetes require extra support and assistance to help them with managing their diabetes in educational settings. Every CYP with diabetes will need an IHP agreed by family, school and diabetes team.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This includes children with diabetes, so it is essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

By following best practice, as highlighted in this document, your school will meet the requirements of the Children & Families Act (2014)

The Equality Act 2010 (England, Scotland and Wales)

The Equality Act 2010 defines a disability as a ‘physical or mental impairment’ that has ‘a substantial and long-term adverse effect’ on an individual’s ability to carry out ‘normal day-to-day activities’. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with diabetes is covered by the definition, in many cases diabetes is covered by the definition in the Act.

The NHS, local authorities and all schools in England, Scotland and Wales all have duties towards children with diabetes, who are legally defined as being disabled. Fee-paying independent schools are also legally obliged to meet the duties in the Equality Act 2010.

The relevant aspect of this act to schools is that governing bodies or proprietors must make reasonable adjustments to ensure that children and young people with disability are not put at a substantial disadvantage compared with their peers. Failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England, including maintained (non-fee paying) and fee-paying schools.

Importantly, this duty is anticipatory, which means adjustments must be put in place in advance to prevent disadvantage from occurring. This is particularly relevant to schools in making sure they have enough staff trained so that a child with diabetes can take part in all aspects of school life. If all the trained staff leave, contingency plans must be in place to train up replacements quickly.
The Equality Act also states children with disability must not be discriminated against, harassed or victimised.

You can find out more on the Equality and Human Rights Commission website:  
http://www.equalityhumanrights.com/

**England - Legal duties in schools**

**Children and Families Act 2014**
Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to support children with medical conditions. This is inclusive of CYP with diabetes. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State (see section 4)

The statutory guidance, supporting pupils at school with medical conditions, is available to read on the Government website:  

Schools that must meet the duty in the Children and Families Act are:

- A maintained school
- An Academy school
- An alternative provision Academy
- A pupil referral unit

The legal duty in the Children and Families Act is on “the appropriate authority”. “The appropriate authority” means:

- The governing body of a maintained school
- The proprietor of an academy
- The managing committee of a pupil referral unit

**The Education Act 2002**
Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and take a view to the safeguarding of CYP at the school.

**Section 3 of the Children Act 1989**
This places a duty on a person with the care of a CYP to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the CYP. With relation to a CYP with diabetes, this will mean knowing what to do in the event of an emergency.
Legal duties – Local Authorities

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to CYP with diabetes. These duties both refer to all children in the local authority and they do not depend on the kind of school the CYP attends.

Section 10 of the Children Act 2004
This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a CYP with diabetes properly. Section 10 essentially means the local authority must make arrangements to promote co-operation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board (NHS England). They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.
If a school cannot get the support it needs to look after a CYP with diabetes then they must approach their local authority.

Section of 17 of the Children’s Act
This gives local authorities a general duty to safeguard and promote the welfare of CYP in need in their area. If a school is looking after a CYP with diabetes so poorly that the child is put in danger, the local authority must step in.

Legal duties – NHS

Section 3 of the NHS Act 2006
This gives Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it’s responsible. What this means is that CCGs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it’s responsible.

In relation to CYP with diabetes, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of diabetes at school will obviously affect the health of a child.

If a school is unable to get the support it needs to help manage a CYP diabetes successfully then both the local authority and the local CCG have a responsibility to the CYP’s health and welfare.
Section 3 - STATUTORY GUIDANCE (DfE)

The Department for Education (DfE) has produced statutory guidance on supporting pupils at school with medical conditions. This document contains both statutory guidance and non-statutory advice. The non-statutory advice is presented in text boxes.

The statutory guidance applies to any ‘appropriate authority’ as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units (PRUs).

‘Appropriate authorities’ must have regard to this guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs. Further advice, where provided, is based on good practice but is non-statutory.

Early Years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

**Advice from the DfE:**

“The Statutory Framework for the Early Years Foundation Stage (EYFS) April 2017, sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. The standards set out within this document should be met before other advice is considered on top of it.”

The statutory guidance - *Supporting pupils at school with medical conditions* does not apply to children in the EYFS but can be used as an advice document as it provides “best-practice” information and is the most up to date reference point for the issues it covers.
A policy for supporting pupils at school with medical conditions

All state-funded schools, including academies and free schools, are required to have a policy on supporting pupils with medical conditions. Each school/setting should have a current ‘Supporting pupils at school with medical conditions policy,’ which is reviewed regularly and is readily accessible to parents and school staff. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England was published on 1st September 2014 & updated on 11th December 2015. Updates to the main document include clarifying the distinction between statutory and non-statutory guidance and adding references to the SEND Code of Practice. On 16th August 2017, the review date for this guidance was extended to autumn 2017.

A policy for supporting pupils at school with medical conditions policy should be based on the above statutory guidance from the Department for Education (DfE) and include the following:

- Details on how the policy will be implemented effectively, and the name of the person with overall responsibility for implementation

- The procedures to be followed whenever a school is notified that a pupil has a medical condition

- The role of individual healthcare plans (IHPs) in supporting pupils at school with medical conditions, and who is responsible for their development

- The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child’s needs have changed. They should be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social wellbeing, and minimises disruption.

- When deciding what information should be recorded on individual healthcare plans, the governing body should consider a range of issues. See page 12 of this document for details

- The roles and responsibilities of all those involved in the arrangements made to support pupils at school with medical conditions

- How staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed

- The school’s policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.
• Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

• Arrangements for children who are competent to manage their own health needs and medicines

• Procedures to be followed for managing medicines

• Governing bodies should ensure that written records are kept of all medicines administered to children.

• Procedures to be followed in an emergency situation

• A clear and explicit expression of the need to support pupils with medical conditions to participate in school trips and visits, including sporting activities and not prevent them from doing so

• Details of unacceptable practice

• Governing bodies of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education’s Risk Protection Arrangement (RPA).

• How complaints may be made and will be handled concerning the support provided to pupils with medical conditions

Section 4 - ROLES AND RESPONSIBILITIES

The statutory guidance, supporting pupils at school with medical conditions states:

“The governing body should ensure that the school’s policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions”

Further advice:

Supporting a CYP with a medical condition during school hours is not the sole responsibility of one person. A school’s ability to provide effective support will depend on working cooperatively with other agencies, partnership working between school staff, healthcare professionals, parents, pupils, local authorities and where appropriate social care professionals will be critical.
An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed on pages 12-17 of the statutory guidance, but schools may additionally want to cover a wider range of people in their policy. Page 14 of the guidance states that:

“...specialist local health teams may be able to provide schools with support for CYP with particular conditions, such as asthma, diabetes and epilepsy”

Along with treating each CYP with diabetes as an individual, school staff can be helpful in promoting self-management of the condition. This is something you will need to contribute to.

If a CYP is very young or newly diagnosed it is likely you will be required to give more practical support as detailed in the IHP. As the CYP gets older or more confident with looking after their diabetes, what you will be required to do might change and should be updated in the CYP’s IHP. A CYP who has just started injecting themselves might still want you to be there to check they’re doing it right.

**Role of Sunderland Children’s Diabetes Team**

Is to provide education, training and advice with diabetes management to CYP, professionals and carers. The aim is to ensure optimal blood glucose control thereby reducing the risk of short and long term complications.

**Role and Responsibilities of each person involved**

The following information explains the role and responsibilities of each person involved, and defines what good practice looks like. A CYP with diabetes in school requires a shared approach from a number of people with the following roles and responsibilities:

- Ensure school have up to date information.
- Discuss any changes in care with nominated education staff and review care plan at least annually or if any changes are needed.
- Supply appropriate food and equipment, ensuring equipment is quality controlled and in full working order.
- Be accessible for advice and support to education staff.
- To ensure school attendance is not adversely affected.

**Parent/Family**
Ensure they have up to date training
Support and supervise as set out in the IHP
Awareness of emergency procedures and key contacts

Participant in their diabetes care appropriate to their individual developmental stage (this will be detailed in the IHP).
Be aware of their key contacts within the school setting

School nurse/Health Visitor involvement may vary from area to area
Will provide general health and immunisation information
Liaise with diabetes team and school as required

Liaise with other health professionals.
Provide training advice, support and training to education staff
Reviews of the IHP
Provide education, training and advice about diabetes.
Section 5 - INDIVIDUAL HEALTHCARE PLANS (IHPs)

IHPs - General Information

Pages 9-12 of the statutory guidance covers IHPs and states:

“The format of IHP may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil...

... When deciding what information should be recorded on IHP, the governing body should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments.
- The CYP’s resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements.
- Specific support for the CYP’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some CYP will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the CYP’s medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the CYP’s condition and the support required.
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the CYP during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the CYP can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/ CYP, the designated individuals to be entrusted with information about the CYP’s condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some CYP may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

IHPs ...should capture the key information and actions that are required to support the child effectively
IHP – For a Child or Young Person (CYP) who has Type 1 Diabetes

The Sunderland Children’s Diabetes Specialist Nursing Team strongly recommends that all schools and settings within Sunderland LA adopt the North East & North Cumbria Diabetes Network format for CYP with diabetes in Sunderland. 

You can also find this plan on the Sunderland Learning Hub
http://sunderlandschools.org.uk

If a CYP is newly diagnosed with diabetes:

- Parents and the CDSN should inform the school as soon as possible so training and diabetes education arrangements can be made.

- The Diabetes IHP will set out what support the CYP will need in school. The IHP is put together by the CDSN and discussed and agreed with the nominated school staff, parents, CYP where appropriate, Head Teacher/Special Educational needs and Disabilities Coordinator and school nurse if relevant.

If starting school, a new school or when transitioning from primary to secondary, it is important that school and parents contact the new school and CDSN. This is to ensure the child has an IHP and that new staff has appropriate training and discussions prior to the child starting. Parents may wish to arrange an introductory meeting with the school’s Head Teacher or responsible member of staff before their CYP enrolls or when the CYP first develops diabetes.

What information would you find in the IHP?

- CYP Information
- Blood Glucose Monitoring
- Insulin Administration
- Suggested Daily Routine
- Physical Activity
- Hypoglycaemia
- Hyperglycaemia
- Swimming
- Carbohydrate Counting
- How to give an injection using a covered safety needle
- How to give an injection using an exposed needle
- Safety Needle Pro-Forma
- Residential Trips
• Responsibility for Supplies
• School Staff Training
• Record of Insulin Given
• Additional Information – relevant to CYP

Once the people involved in drawing up this plan are satisfied, the plan should be signed by the school, the parents and a CDSN. This should be available to all relevant members of staff and should be reviewed at least annually and more frequently if needed.

Training
Your medical conditions policy should state that staff must receive suitable training and make clear how these members of staff will be supported in carrying out their role in supporting a CYP. The policy should make clear how training needs are assessed by a CDSN and how training will be provided.

Everybody needs general awareness of diabetes management. There should be 3 key members of staff who will be given practical training (which will be recorded in the IHP) to care confidently for the CYP with diabetes in line with the IHP. Staff training should be reviewed annually or if care changes e.g. a CYP move from injections to an insulin pump.

If no members of staff volunteer to be trained then you will need to employ members of staff who are prepared to be trained.

Contingency plans and absence
Head Teachers, school governors and responsible bodies should also make contingency plans so the school always has someone who is trained and available and you are prepared for staff absence and turnover. You should make clear how you will inform supply teachers of a CYP’s diabetes.

Insurance
You should make sure the school has a suitable level of insurance in place. You should make clear in your medical conditions policy any requirements of the insurance, such as staff members supporting children being trained properly.

Risk assessment
CYP with diabetes should enjoy the same opportunities at school as any other child and this extends to out of school visits, including overnight stays and stays abroad. School staff who organise out of school visits should be aware of how a child’s diabetes might impact on their participation and what reasonable adjustments they might need to make to ensure that a child with diabetes can partake in an out of school visit safely. It is best practice to carry out a risk assessment in advance to identify any changes that need to be made. A meeting should be arranged with the CYP’s CDSN to ensure that the relevant staff have adequate education and training.
Section 6 - DIABETES

What is diabetes?
Diabetes is a serious life-long health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body can’t use it properly. If left untreated, high blood glucose levels can cause serious health complications.

There are 2 main types of diabetes:

Type 1 – where the pancreas doesn't produce any insulin, therefore will require the insulin to be replaced via injections or an insulin pump. The majority of school age children will have Type 1 diabetes.

Type 2 – where the pancreas doesn't produce enough insulin or the body’s cells don't react to insulin, therefore this can be managed through either one or a combination of diet, medication and insulin. Type 2 is more common in adults and caused by a complex interplay of genetic and environmental factors. A majority of Type 2 diabetes cases can be delayed or prevented through a healthy lifestyle.

What is insulin?
Insulin is the hormone necessary to convert carbohydrate foods i.e. starch and sugars via the bloodstream into all body cells where it can be used as an efficient source of energy i.e. blood glucose (sugar)

What is blood glucose?
Everybody has a measurable amount of blood glucose this should stay within a certain range e.g. 4-7 mmol/l. CYP with diabetes should maintain their blood levels within in these limits as much as possible to avoid short and long term complications of diabetes. A CYP with diabetes can easily be outside of these limits and which causes changes in their medical state and behaviour e.g. Hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar). CYP will need to test their blood glucose levels at different times throughout the day and this will be detailed in their IHP.
Treatment of Diabetes

**Type 1**
- Multiple Daily Injections (MDI) or insulin pump therapy
- Blood glucose monitoring at least 4 times a day
- Carbohydrate counting/healthy eating
- Clinic attendance at least 4 times a year, more if diabetes control is poor
- Regular exercise

**Type 2**
- Diet, or tablets and/or injections
- Blood glucose monitoring – if required
- Weight management
- Healthy eating
- Clinic attendance at least 4 times a year
- Regular exercise

**Blood Glucose Testing**

The effectiveness of diabetes management is assessed through testing the blood glucose level. Blood glucose targets are set at levels designed to protect each CYP’s safety, on a day to day basis for their long term health. Persistent hyperglycaemia increases the risk of developing long term problems for nerves, kidneys, blood vessels and eyes.

Some CYP may use a constant glucose monitoring device. These devices will show current blood glucose levels and some devices sound an alarm when glucose levels are outside of range or predicted to go outside of the target range within a certain time period.

**Carbohydrate Counting**

CYP need to eat a healthy and balanced diet, foods contain varying amounts of carbohydrate, protein, fat, vitamins, minerals and water. Carbohydrates in foods raise blood glucose levels quickly. Therefore, any carbohydrates need to be matched with insulin and this is done by ‘carbohydrate counting’.

The parents should calculate the amount of carbohydrates in packed lunches.

School staff can request a copy of the school menu with carbohydrate portions included from the school meal providers.

Schools should supervise younger children at lunchtimes to ascertain how much of their meal they have eaten and the carbohydrates consumed. This is used to decide the amount of insulin the young person needs.
**Insulin Calculation**
A CYP with diabetes needs to balance their insulin with the food that they are eating, the current blood glucose level, and the exercise that they are undertaking.

This can be done manually, automatically, using bolus calculators in blood glucose meters or using the insulin pump. Insulin needs to be given with all food, snacks and drinks containing carbohydrates unless it is treatment for hypoglycaemia or being used to prevent low blood sugar (hypoglycaemia) when undertaking exercise.

Details for the individual can be found in the IHP.

**Administration of Insulin (Using wither a Pen or Insulin Pump)**

> "Only members of staff who have been trained by a CDSN should ever administer insulin. The trained members of staff should be named in the CYP’s IHP”

**Multiple Daily Injections (MDI)**
- They usually require rapid acting insulin when they eat a meal or snack containing carbohydrate. The dose administered will depend on the blood glucose level and the amount of carbohydrates in the meal/snack.
- Inject using pen device, how this is done will be detailed in the IHP.
- Injection sites – thigh, arm, tummy, buttock
- Individual training will be given for staff
- Safety and sharps disposal

**Insulin Pumps**
- Small device that continually delivers insulin though a small tube sited just under the CYP skin
- They require rapid acting insulin when they eat a meal or snack they adjust dose depending on blood glucose level and amount of carb in meal via the pump which calculates the insulin dose
- Some children can manage the pump independently, or require supervision, or staff will need to do, this will be documented in the IHP
- Individual training will be given for staff

For a CYP with diabetes, insulin is delivered as either ‘basal’ insulin or ‘bolus’ insulin. The basal insulin is the long acting (slow) insulin injection given in the morning and/or evening. On a pump, basal insulin is the background insulin delivered continuously via the insulin pump. Bolus (fast acting) insulin needs to be given whenever a CYP is having a meal or snack and whenever the blood glucose level rises higher than the target range.
**Storage and Safety**

Parents are responsible for providing any supplies their CYP needs in school e.g. ‘hypo’ supplies, blood glucose/ketone testing equipment, insulin, pen needles/cannulas, snacks etc. Older children may wish to carry their supplies.

This will have training implications and certain safety aspects need to be discussed e.g. sharps disposal, storage of medication, giving of or supervising insulin injections.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 which states staff should use safety needles when administering insulin to reduce the risk of sharps injuries.

Specific details will be in the IHP.
Hypoglycaemia ‘Hypo’ is when a BG is less than 4mmols and if left untreated can lead to unconsciousness and seizures. Whenever a CYP feels or displays any signs of hypoglycaemia a blood glucose should be performed immediately and appropriate treatment given immediately – as specified in IHP.

**Low Blood Sugar ‘Hypo’**

This happens quickly and may be caused by -

* Having less food than usual
* Too much insulin
* More exercise than anticipated
* Stress

**Symptoms of a ‘Hypo’**

**CYP looks -**

* Suddenly Pale
* Glazed eyes (day dreaming)
* Confusion/incoherent
* Shaking/‘wobbly’
* Change in normal behaviour - weepy/aggressive/quiet
* Drowsy/agitated/anxious
* Sweaty

**CYP feels -**

* Hungry
* Dizzy
* Shaky/wobbly

**TREATMENT** is a form of fast acting glucose treatment and for some a snack, hypos may be mild, moderate or severe, this is based on symptoms of CYP. Certain staff will need training on Glucagon treatment for a CYP who fulfils the high risk category on the IHP glucagon risk assessment. Specified treatment is in the CYP’s IHP.
Hyperglycaemia is when blood glucose levels are too high, usually above 7mmol/l. The treatment for this will be specified in the IHP. These episodes tend to happen over a few hours and if left untreated the CYP may develop ketones and become unwell leading on to diabetes ketoacidosis which is a potentially fatal condition. Ketones or symptoms are serious and should be dealt with as per IHP.

High Blood Sugar

High blood sugars can occur more slowly than 'hypo's' and may be caused by -

* Food
* Not enough insulin or missed insulin
* Has an infection e.g. cold, flu, Childhood illness
* Stress
* Insulin pump/cannula problems

Symptoms of Hyperglycaemia

Child feels -

* Very thirsty (may need to drink during a lesson)
* The need to go to the toilet more frequently
* Irritable
* Poor concentration
* Headache
* Nausea
* Pear drop smelling breath (for some)
* Vomiting
* Breathing difficulties

**TREATMENT** – very individual depending on cause and insulin regime, specific details will be documented in IHP.
Exams

When a CYP is taking exams, schools should have an agreed exam protocol in place which will vary for each CYP. For example, some may like to take the exam away from other children in case they need to treat themselves, while others will want to be with their classmates. This should be agreed well before the exams take place and invigilators must be made aware of the agreed protocol.

Under equality laws, schools have a duty to make 'reasonable adjustments' to prevent any child with a disability, from being placed at a substantial disadvantage compared to non-disabled children. While children with diabetes and their parents may not consider diabetes a disability, they are still covered by these laws.

The following are examples of simple adjustments that a school could make to ensure that a child with diabetes fulfils their academic potential in an exam:

- Allowing the CYP to bring their blood glucose monitor and testing strips in to the exam, and to test whenever necessary during the exam.
- Allowing the CYP to bring hypo remedies in to the exam (this might include a sugary drink, sweets or a snack. The parent or CDSN will advise on the most suitable hypo remedy for a CYP)
- Allowing them to bring in water (hyperglycaemia can cause excessive thirst)
- Allowing them supervised toilet breaks, as frequently as they need (hyperglycaemia can cause frequent urination)
- Allowing the CYP to sit in the place that is most appropriate for them, e.g. sitting close to the invigilator if they would like someone to keep a closer eye on them in case of a hypo/hyper
- Allowing extra time in case of a hypo/hyper
- Making sure that the invigilator/s know that there is a CYP with diabetes sitting the exam and what adjustments to usual procedure have been agreed
- Making sure that the invigilator/s understand about diabetes and how it can affect a CYP in an exam.

This is not an exhaustive list at all, and individual CYP will have different needs. The CYP (if they wish), parent, CDSN and relevant school staff should discuss the specific needs of a child in plenty of time so that arrangements can be put in place.


School Visits and PE

Differences in activity levels and food intake can affect a CYP’s blood glucose level. Extra activity or eating less can make blood glucose levels drop, whereas excitement and eating
more can make them rise. But this can be managed with advice from the CYP, parent or CDSN, so it’s important to discuss the visit with them as soon as possible. More information will be detailed in the IHP.

Unless the CYP can manage their diabetes completely independently, someone who has been trained to help manage their diabetes will need to go on the visit as well.

**Things to take on a visit include:**

- insulin and injection kit/pump kit
- blood testing kit
- hypo remedies
- pump supplies (if appropriate)
- extra food/snacks in case of delays or the CYP doesn’t like the food available
- personal identification card or bracelet
- copy of the CYP’s individual healthcare plan (IHP)
- Emergency contact numbers.

**Day Visits**
Depending on what’s planned for the day, you might not need to make any adjustments to the CYP’s usual school routine. But talk to the CYP, parent or CDSN about what will be happening well before the visit to see if any changes are needed.

**Overnight Stays**
With overnight stays, a CYP taking injections will certainly need insulin injections as well as blood glucose testing (which may include testing at night), even if these aren’t already done in school.

Depending on the length of the visit, a CYP on pumps may need a pump set change.

If the CYP can’t do their own injections/manage their pump and/or do their own blood glucose levels, they’ll need to be done by a member of staff. School staff should meet with the CYP parent/carer and CDSN well in advance of the visit to discuss what help is required, and who will assist.

**PE**
Each CYP is individual and activity affects their blood glucose levels in different ways so please refer to the IHP. It is important that PE staff have adequate training to support the CYP safely.
Section 7 - UNACCEPTABLE PRACTICE

There are several unacceptable practices which heads and governors must make sure do not take place in their school:

- No CYP should be prevented from treating themselves or managing their diabetes when and where necessary.
- No school should assume a CYP’s diabetes is the same as another CYP and requires the same treatment.
- The views of the CYP with diabetes and their parents should not be ignored.
- A CYP with diabetes should not be sent home unnecessarily.
- If a CYP with diabetes requires treatment they should never be left alone or sent off to the medical room/school office unaccompanied.
- A CYP should never have their attendance penalised for attending medical appointments to do with their diabetes.
- No CYP should be prevented from eating/drinking/taking toilet breaks if they need to in order to manage their diabetes.
- No CYP should be prevented from participating in any aspect of school life, including school visits.
- Schools must not require parents to provide support in school for their CYP or make them feel obliged to do so.
- Only allowing a CYP with diabetes to take part in an extra-curricular activity or visit if one of their parents or carers accompanies them is not acceptable practice.
Section 8 - SUMMARY OF RECOMMENDATIONS

- Each school/setting must have a current ‘Supporting Pupils at school with Medical Conditions Policy’ that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies, proprietors or management committees should ensure that their school/setting develops a policy for supporting pupils with medical conditions, so that a CYP with a medical conditions like diabetes, remains safe and healthy

- Every CYP with diabetes should have an IHP (Individual Healthcare Plan) which has been developed in partnership with the Children’s Diabetes Team, Parent/Carer, Child/Young Person, School Staff and School Nurse/Health Visitor

- The CYP should have appropriate supervision depending on their individual needs

- Risk assessment - It is best practice to carry out a risk assessment. School staff should consider what ‘reasonable adjustments’ they might need to make and to identify any changes which need to be made to ensure that a CYP with diabetes can take part in activities safely

- A school/setting should have nominated individuals who have received training for supporting CYP with diabetes management in school. This will be included in a CYP’s IHP

- The Head Teacher & SENCo will ensure all staff have a general awareness of diabetes management and that staff are also aware of the nominated individuals and IHPs for supporting pupils in school

- Regular review and update of a CYP’s IHP and training for both nominated staff and general awareness training for all staff
Section 9 – USEFUL LINKS AND REFERENCES

USEFUL LINKS

Supporting Pupils at School with Medical Conditions - Department for Education
September 2014 & Updated December 2015
(On 16th August 2017, the review date for this guidance was extended to autumn 2017).

JDRF
E-learning module - basic and advanced level
https://jdrf.org.uk/school-packs/schools-elearninf-module/

Information Packs and Leaflets

Managing diabetes at school
Diabetes in schools – information for teachers and staff, Diabetes UK

Diabetes UK
www.diabetes.org.uk

‘Hands up for good diabetes care in school’. YouTube video for schools about providing support for children with type 1 diabetes
https://youtu.be/IDsUSoDtyjM

Glucagen Hypokit Training Video
https://vimeo.com/224675117

References: (NHS)

• Supporting pupils at school with medical conditions. Department for Education. September 2014. & Updated December 2015. On 16th August 2017, the review date for this guidance was extended to autumn 2017

• NICE clinical guideline NG18: Diabetes (type 1 and type 2) in children and young people, diagnosis and management. August 2015

• ISPAD Clinical Practice Consensus Guidelines. 2014

Section 10 - CONTACT DETAILS

The following agencies can be contacted to discuss any questions, queries or concerns you may have:

**Sunderland Children’s Diabetes Team contact details:**

**Monday to Friday – 9am to 5pm**

CDSN Office: 0191 569 9794  
Lisa Wilson CDSN: 07810 836 298  
Anne Berry CDSN: 07909 881 417  
Julie Evans CDSN: 07775 410 271  
Allison Young CDSN: 07710 646 292  
Dieticians: 0191 569 9013

**Out of Hours:**

Dr Hopper: 07748 967 870  
Dr Lawson: 07971 270 691  
Dr Flowers: 07799 240 453

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If you are unable to get any of the consultants then contact Sunderland Royal Hospital 0191 565 6256 and ask for the Paediatric Registrar on Call

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**Specialist Support Team for Children & Young People with Physical and/or Medical Needs (Together for Children, Sunderland)**

**Team Lead:** Mrs Diane Blanckley

**Address:** Oxclose Community Academy  
Dilston Close  
Oxclose Village  
Washington  
Tyne & Wear  
NE38 0LN

**Email:** blanckley.d@oxclose.net  
**Direct Line:** 0191 419 5127

**Webpage:** For further information, please visit our website (currently being updated) where our guidance documents and information will be available to view and download. You can access the site from the information menu on the Sunderland Learning Hub at [www.sunderlandschools.org.uk](http://www.sunderlandschools.org.uk)