



Diabetes Policy

King's College recognises that diabetes is an important condition affecting some school children and positively welcomes all pupils with diabetes. The School encourages children with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff parents and pupils.

What is Diabetes?

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- The pancreas does not make any or enough insulin,
- The insulin does not work properly
- Or sometimes it can be a combination of both.

More than 15,000 school-age children in the UK have Type 1 Diabetes.

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate; move in to the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body.

Glucose comes from the digestion of starchy foods such as bread, rice, potatoes, and from the liver which makes glucose.

There are 2 main types of diabetes:

Type 1 (insulin dependent) diabetes.

This develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40 and is the most common type in children. Nobody knows for sure why this type of diabetes develops. There is nothing a pupil with Type 1 diabetes or their parents could have done to prevent it. It is treated by insulin injections and diet.

Type 2 (non insulin dependent) diabetes.

This develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, although it



does sometimes occur in children, especially if they are overweight. It is treated by diet and exercise alone or by diet and tablets or, by diet and insulin injections.

The main aim of treatment of both types of diabetes in children is to achieve near normal blood glucose levels. This, together with a healthy lifestyle, will help to improve wellbeing and protect against long-term damage to the eyes, kidneys, nerves, heart and major arteries.

Aims of the Policy

- To provide a safe environment within the school.
- To provide guidance for the care of children with diabetes.
- To ensure that staff have an awareness of the causes, symptoms and treatment of diabetes.

Objectives of the Policy

- To ensure that staff are fully informed of the signs and symptoms of diabetes and aware of the children who are affected.
- To ensure that parents are aware of their responsibilities.
- To ensure that staff involved in the care of that child have been instructed in the emergency care of a child who has a hypoglycaemic attack.

Hypoglycaemia – Signs and Symptoms

Hypoglycaemia (hypo) occurs when the level of glucose in the blood falls too low (usually under 80mg/dl). When this happens, a pupil with diabetes will often experience warning signs, which occur as the body tries to raise the glucose levels. Signs of a hypo vary from pupil to pupil, but they will include one of or all of the following:

- Hunger
- Trembling
- Sweating
- Anxiety or irritability
- Rapid heartbeat
- Tingling of the lips
- Blurred vision
- Pallor



- Mood change
- Difficulty concentrating
- Vagueness
- Drowsiness

A hypo may occur if the pupil has taken too much of their diabetes medication, delayed or missed a meal or a snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the pupil has been drinking a lot of water, especially without food. Sometimes there is no obvious cause. Hypos are usually unexpected, suddenly rapid, without warning and unpredictable. It is important to remember that the student is not to blame for being in a hypo state.

Hypoglycaemia – Treatment

It is very important that a hypo is treated quickly. If it is left untreated, the blood glucose levels will continue to fall and the child will become unconscious.

- Most children will be aware when they are going hypo and will be able to take appropriate action themselves.
- The child should not be left alone during a hypo – nor should they be sent out of the classroom alone to get food to treat it. The School Nurse should be summoned to the classroom to assist.
- Initial treatment is to give the child something sugary, to quickly raise the blood glucose level. Sugary foods, non-diet fizzy drinks, mini chocolate bars, glucose tablets or fresh fruit juice.
- These supplies of quickly absorbed carbohydrates (sugary foods) must be kept in the child's classroom or carried with the child (if older) for speed of access. They should be clearly marked and accessible at all times.
- If the child continues to feel hypo after 15 minutes, more sugary food should be given.
- Once the child has recovered it is important that they eat some starchy carbohydrate food. This will prevent the blood glucose level from falling again before the next meal or snack is due. These may include a sandwich, crisps or biscuits and a glass of milk.
- If the child is very drowsy/semi-conscious, but still able to swallow, you can massage a glucose gel (if supplied by parents), honey or jam, into the inside of the child's cheek. The glucose will be absorbed through the lining of the mouth and the child will recover.
- In the unlikely event of a child losing consciousness, do not give them anything to swallow. Place them in the recovery position and call the emergency services. (Those



with appropriate training can administer emergency Glucagon which is stored in the school nurse's fridge).

If a hypo occurs in school or during activity, there is no reason why the child should not continue as normal with the activity once he/she has recovered.

Hyperglycaemia – Signs and Symptoms

Hyperglycaemia is the term used when the level of glucose in the blood rises above 200/250mg/dl and stays high. This can be due to too little or no insulin; too much food; stress; less exercise than normal and infection or fever.

The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time.

These may include the following:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

If a pupil with diabetes starts to develop these signs and symptoms, it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by-products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise. Ketones are very harmful and the body tries to get rid of them through the urine.

Hyperglycaemia – Treatment

It is necessary to be aware that children can become unwell with hyperglycaemia, but show no symptoms. The parents should be contacted and extra insulin may be requested to be given. The child should also be encouraged to drink water.

Medications and Treatment

Blood Glucose Testing



Most pupils who are treating their diabetes with insulin will need to test their blood glucose levels on a regular basis. At school this may be:

- Before or after physical activity.
- Before a meal.

Anytime they feel that their blood glucose level is falling too low or climbing too high. Pupils with diabetes should aim for blood glucose levels of between 100 – 140mg/dl and less than 160mg/dl two hours after a meal.

Insulin Injection and Pumps

- All children with diabetes with Type 1 diabetes will need insulin for the rest of their lives.
- Each insulin regime is different, depending on the diabetic child's needs, and many children require an insulin injection at lunch-time during the school day. It is unusual for a diabetic child to require more than one insulin injection in the course of a usual school day.
- Some pupils will have an insulin-pump which are attached 24 hours a day and they deliver a set dose of rapid-acting insulin continuously, but a pupil with diabetes will need to 'boost' the dose at mealtimes having worked out the amount of carbohydrate they have eaten. The school nurse will decide on the amount of 'bolus' (booster dose) required, and if in doubt, will liaise with the pupil's parents.
- Each diabetic pupil will have an individual care plan formulated by the school nurse in conjunction with the child's parents and if possible, their endocrinologist.
- The Nurse's room will be made available where a child may go to test their blood glucose and/or inject insulin as required.
- A sharp's box for the safe disposal of needles will be available in the nurse's room.

Physical Education / Sports Lessons

- Diabetes should not stop a child from enjoying activities or sport. All forms of physical activity use up glucose and it may be necessary for a child to prepare beforehand to prevent the blood glucose level from becoming too low and causing a hypo.
- The child should check their blood glucose levels with the school nurse prior to PE lessons.
- It may be necessary for the diabetic child to eat some additional sugary food before sports activity, e.g. mini chocolate bar, two biscuits, cereal snack bar.
- If the activity is strenuous and prolonged, more food may be necessary before, during and after the event.



- Staff in charge of physical education sessions should be aware of the need for pupils with diabetes to have glucose tablets or sugary drinks to hand.

School Trips and Visits

Pupils with diabetes must not be excluded from day or residential visits on the grounds of their condition.

- Staff supervising school trips and visits will be made aware of any pupils with diabetes.
- An appropriately trained named person will be identified to take responsibility for emergency treatment if necessary.
- A copy of the care plan will be made available for the named person and other relevant staff.
- For a day's outing, the routine for a diabetic child will usually be the same. The named person will ensure that the diabetic child has their blood testing equipment; insulin if necessary and extra snacks in case of unexpected delays or 'hypos'.
- For residential trips and overnight stays the child will need to be accompanied by a parent who is confident in the administration of insulin and blood-testing equipment.
- If a parent is not able to attend, then a trained member of staff (whenever possible, the school nurse), will need to accompany the pupil to assist.
- For travel overseas, Diabetes UK publishes country guides in relation to diabetes. These contain useful information about local foods and diabetes care, and translations of useful phrases.

Pupils with diabetes need to make careful preparation for an overnight trip. The equipment they need to take with them will include:

- Insulin injections (and spares).
- Blood glucose monitoring kit.
- Hypo remedies.
- Emergency contact numbers.

For a pupil using an insulin-pump:

- Spare insulin set.



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- Spare battery (for pump).
- Extra insulin for pump.
- Extra long-acting insulin.
- Insulin pen or syringe (in case of pump failure).

Record Keeping

Parents of a child who suffers from diabetes will be asked to complete relevant documentation requesting that the school administers medication in an emergency.

- Parents are requested to inform the school if their child's medication changes.
- The School Nurse will formulate a detailed care plan, with parents, which will include details of the signs and symptoms individual to each case, the treatment of a hypoglycaemic attack and emergency contact details of parents.

Any hypo attack will be documented in the child health record and notified to parents.

Responsibilities

It is the responsibility of the whole school community to ensure the safety of a child who suffers from diabetes. To minimise risk, and in order to ensure a quick response both parents, children and school personnel must take on and fulfil some responsibilities.

Parental

- Medical information regarding a child's diabetes should be provided on the initial school application form, prior to the child starting at the school.
- Parents should arrange to liaise with the School Nurse as soon as possible after the child commences school in order to formulate an individual care plan.
- Provide the school with their child's medication, clearly labelled and in date.
- Be responsible for replacing medication as it expires or following use.
- Inform the School Nurse /Head of School if their child's diabetic control or medication alters.
- Provide and maintain a supply of snacks and extra sugary foods for use in a hypo.
- Provide support to school as requested.



- Provide the school with up-to-date contact telephone numbers and an emergency contact telephone number.
- Be willing to provide suitable foods for special occasions.
- To ensure that their child has adequate supplies of food and diabetic equipment when going away on school trips/visits.
- Teach their child to:
 - 1) To recognise the first symptoms of a hypoglycaemic episode.
 - 2) Where their emergency supply of sugary foods are kept.
 - 3) To communicate clearly if they feel a hypo starting.
 - 4) Not to share snacks, lunches or drinks.
 - 5) To cope with the possibility of teasing and being left out.

The Head of School

- To support and approve the policy.
- To liaise between interested parties – school staff, school nurse, parents and pupils.
- To ensure good communication of the policy to all concerned.
- To ensure every aspect of the policy is maintained.
- To assess the training and development needs of staff and arrange for those needs to be met.
- Ensure that supply teachers know the diabetes policy.
- To monitor regularly how the policy is working and report back to the Board of Governors.

The School Nurse

- Work closely with the family of an affected child to gain relevant information and formulate an individual care plan.
- Ensure the necessary paperwork is complete.
- Ensure that information about the child's allergies, symptoms and treatment is recorded on a completed care plan and distributed to relevant staff.



- Maintain up to date emergency contact numbers.
- Inform relevant staff about a child with diabetes, the individual symptoms and the specific emergency treatment to administer if necessary.
- Provide relevant staff with training on diabetes.
- Ensure all supply teachers are informed of children with diabetes and the procedures to follow in an emergency.
- To provide information, advice and support to parents, staff and pupils.
- Ensure that the Head of School is informed of any affected children in the school.
- Identify all affected children on the iSAMS medical lists.
- To provide support to the diabetic child and ensure that a private room is made available for their use if and when necessary.
- To ensure that all equipment used for testing blood glucose levels or injection apparatus are disposed of safely after use.

Teachers and School Staff

- To understand the school's policy regarding diabetes.
- To be aware of all children with diabetes whom they come into contact with.
- To allow children immediate access to their sugary snacks if they feel their blood sugar is too low.
- To summon the School Nurse in the event of a pupil developing a hypoglycaemic episode.
- To ensure pupils have their additional food supplies and appropriate diabetic equipment with them when they go out of the classroom or on school trips.
- To liaise with the School Nurse and parents if a diabetic child behaves outside their norm e.g. needing to go to the toilet or drinking more than is usual, or appears to be losing weight and is very tired. This may indicate poor diabetic control that should be investigated further.

Role of the Pupils

- To treat other pupils with and without diabetes equally.
- To encourage and support any pupil having a hypoglycaemic attack to take their snacks and summon the School Nurse or member of school staff.



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- To treat diabetic apparatus with respect.

References

- 1) Managing Medicines in Schools and Early Years Settings, Dept for Education and Skills/DOH 2005.
- 2) Diabetes UK – Diabetes in School Policy guidelines 2007.
- 3) <http://www.medicalconditionsatschool.org.uk/>

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