Diabetes Information for Parents & Schools

Parents of children with diabetes should make their condition known and their treatment plan available to the school. All staff in the school should be made aware of what to do if the pupil shows signs of becoming unwell.

General Information

There are two types of diabetes:

- Type 1 diabetes - due to the lack of insulin
- Type 2 diabetes - there is insufficient insulin for the child's needs or the insulin is not working properly

The majority of children with diabetes have Type 1 diabetes. They normally require daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. A greater need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff should draw any such signs to the parents' attention. Examples of current school management plans can be accessed via http://www.rcn.org.uk/__data/assets/pdf_file/0008/267389/003318.pdf. All Pupil Care plans should include the roles and responsibilities of the following:

- Parents' responsibility
- Early years/school responsibility
- Child's responsibility when deemed competent
- Paediatric diabetes specialist nurse
- School nurse

Medicine and Control for children

Diabetes for the majority of children is controlled by injections of insulin each day. Younger children may be on a twice daily insulin regime of a longer acting insulin which means it is unlikely these will need to be given during school hours, although for those who do require injection it may be necessary for an adult to administer it. Older children may require multiple injections and others may be controlled by an insulin pump. Most children will manage their own injections, but if doses are required school supervision may be required. A suitable, private place to carry out the injections should be made available.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means they have a daily dose of longacting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal in order to decide how much insulin to give. Diabetic specialists would only implement this type of regime once they were confident the child was competent. The child is then responsible for the injections and their regime would be detailed in the individual health care plan.

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

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

Children with diabetes need to be allowed to eat regularly during the day. This could include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if they have staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- Hunger
- Sweating
- Drowsiness
- Lethargy
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone on their breath, this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Any illness, even a cough or a cold can affect a child's diabetes control and extra attention should be paid to a child with diabetes if they are unwell.

Information and photographs of children with diabetes should be placed on staff information boards throughout the school.

Important Additional Information

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:
Recovery takes longer than 10-15 minutes **or** if the person becomes unconscious

Useful websites and sources of further information

Department of Health: www.dh.gov.uk/publications Tel: 020 7210 4850

Diabetes UK: www.diabetes.org.uk Care line: 0845 120 2960
www.diabetes.org.uk/sharedpractice

Department for Children, Schools and Families: www.dcsf.gov.uk Tel: 0870 000 2288

Disability Rights Commission merged into the newly created Equality and Human Rights Commission in 2007: www.equalityhumanrights.com

Medical Conditions at School: www.medicalconditionsatschool.org.uk
A partnership of organisations – including Diabetes UK – working collaboratively to support schools to provide a safe environment for children and young people with medical conditions. A policy resource pack is available.

Juvenile Diabetes Research Foundation: www.jdrf.org.uk Tel: 020 7713 2030

Medicalert: www.medicalert.org.uk Tel: 0800 581 420

National Institute for Health and Clinical Excellence (NICE): www.nice.org.uk

TeacherNet: www.teachernet.gov.uk The education site for teachers and school managers.

Additional advice for Schools:

- The needs of children and young people with diabetes are paramount
- Treatment regimens should be led by clinical need, rather than the level of support available in schools and early years settings
- Children and young people with diabetes should have equitable access to all curricular and extracurricular activities
- Where support is required, training should be provided to identified personnel by appropriately trained health care professionals†
- A child or young person with diabetes should have sufficient support to ensure optimal glycaemic control within the school environment, enabling them to meet their full academic capability.

Information provided by: Royal College of Nursing
http://www.rcn.org.uk