



THIS POLICY APPLIES TO THE MAIN SCHOOL, THE EARLY YEARS FOUNDATION STAGE AND THE PRE-PREPARATORY SCHOOL

Children with Diabetes at school

This information is intended to give general information to the School. For advice and information about individual children, the School will always involve the parents/carers of the child with Diabetes and their diabetes care team. Each child will have an individual care plan. The Diabetes Specialist Nurse (DSN) will be a central point of contact and should be able to advise the school.

Symptoms of Diabetes

Schools can be in a position to notice the signs that a child may have Diabetes. The main symptoms are:

- increased thirst
- frequent urination
- extreme tiredness
- weight loss
- genital itching or regular periods of thrush
- blurred vision
- extreme hunger

What is Diabetes?

Diabetes, or to give it its full name, Diabetes Mellitus, is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly. This is because the body's method of converting glucose into energy is not working as it should.

Normally the amount of glucose in our blood is carefully controlled by the hormone insulin, which helps the glucose to enter the cells where it is used as fuel by the body.

There are two types of Diabetes, Type 1 and Type 2.

Children with Diabetes

Most children will have Type 1 Diabetes, meaning they can no longer produce insulin because the cells in the pancreas that produce it have been destroyed. Without insulin, the child's body cannot use glucose. .

Diabetes cannot be cured, but it can be treated effectively. The aim of the treatment is to keep the blood glucose level close to the normal range (4–6mmol, rising to no higher than 10mmol two hours after a meal) so it is neither too high (hyperglycaemia) nor too low (hypoglycaemia, also known as a hypo).

Treating Diabetes

Most children with diabetes will be treated by a combination of insulin and a balanced diet, with the recommendation of regular physical activity.

Insulin

Insulin has to be injected – it is a protein that would be broken down in the stomach if it was swallowed like a medicine.

Some children will take injections during the school day. Taking more injections can give greater flexibility and older children, especially, may choose to take three or four injections a day. This will mean that they have to inject themselves at lunchtime and so will need to bring insulin and their injecting equipment to school – the school has identified the Medical Centre as an appropriate, private area where the injections can be taken.

In most cases the equipment will be an insulin 'pen'. The child's parents/carers or DSN can demonstrate the device used and discuss where the pen and insulin should be kept.

Some children may be fitted with an insulin pump. This is an alternative to injecting with a pen. Pump use can improve diabetes control and give more flexibility. A small pump device is worn and a flexible tube inserted under the skin.* The tube is changed every few days. The pumps cannot be worn for swimming or contact sports. A suitable place for storing the pump during these instances would be discussed. Carbohydrate counting is required for pump users so extra assistance in the dining room may be needed at least initially.

*Diabetes.org.uk

Food

The child and family should have seen a dietitian at the hospital, who will have advised them about suitable food choices on which daily meals and snacks can be based. The child's parents/carers will be able to explain any particular needs to staff.

Briefly, the diet for children with Diabetes is based on the balanced, varied diet recommended for every child – a diet that is low in fat and sugar, and high in fibre. A regular intake of starchy carbohydrate foods is important to keep the child's blood glucose level close to the normal range.

There is no special diabetic diet and diabetic foods are not recommended by Diabetes UK as they offer no benefit over ordinary foods and can be expensive.

Eating times

Meals and snacks should be eaten at regular intervals, following a plan discussed by the family and their dietitian. The child needs to eat at regular times in order to maintain stable blood glucose levels. A missed or delayed meal or snack could lead to hypoglycaemia.

Snacks may need to be eaten in class, but if the times coincide they may be best eaten at break time to avoid any fuss.

It is important to know the times when the child needs to eat and make sure that they keep to these times. They may need to be near the front of the queue (and at the same sitting each day) for the midday meal.

The child should eat all of their lunch to help prevent a hypo occurring.

Snacks

The choice of food will depend on the individual child but could include:

- roll/sandwich
- cereal bar
- one individual mini pack of dried fruit
- muffin
- a portion of fruit
- two biscuits.

Sugary foods

Sugary foods are useful for raising blood glucose levels quickly (as in treating hypoglycaemia) and may be included as part of a snack:

- fizzy drinks (non-diet)
- cereal snack bar
- glucose tablets
- squash
- fruit juice
- fruit.

Sweets may be incorporated into the diet (but should be limited) either before exercise when extra energy is required or after a meal as a treat. Likewise the occasional pudding will not do any harm as part of an overall balanced diet.

Hypoglycaemia (Hypo)

Hypoglycaemia is the most common short-term complication in diabetes and occurs when blood glucose levels fall too low.

Hypos are especially likely to happen before meals. This can happen as a result of:

- too much insulin
- not enough food to fuel an activity

- too little food at any stage of the day
- a missed meal or delayed meal or snack
- cold weather
- the child vomiting.

How to recognise a hypo

Hypos happen quickly, but most children will have warning signs that will alert them, or people around them, to a hypo.

These warning signs can include:

- hunger
- sweating
- drowsiness
- glazed eyes
- pallor
- trembling or shakiness
- headache
- lack of concentration
- mood changes, especially angry or aggressive behaviour.

The symptoms can be different for each child and the child's parents/carers can tell you what their child's warning signs are.

Treating a hypo

It is very important that a hypo is treated quickly. If it is left untreated, the blood glucose level will continue to fall and the child could become unconscious. They should not be left alone during a hypo – nor be sent off to get food to treat it. Recovery treatment must be brought to the child. If a hypo occurs during activity, there is no reason why the child should not continue with the activity once they have recovered.

Most children will know when they are going hypo and will be able to take appropriate action themselves, but if the child is very drowsy, providing they are still able to swallow, you can offer a sugary drink (non-diet). If they are reluctant to drink, massage Hypostop (a glucose gel) or honey or jam, into the inside of their cheek. The glucose will be absorbed through the lining of the mouth and they will recover.

Follow-up action

Having some starchy food on recovery is important to prevent blood glucose levels falling again.

- roll/sandwich
- muffin
- cereal bar
- two biscuits.
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Immediate action

Give the child something sugary, to quickly raise the blood glucose level.

The following are good examples:

- Lucozade
- fizzy drinks (non-diet)
- glucose tablets
- fresh fruit juice.

If the child still feels hypo after 15 minutes, some more sugary food should be given.

Unconsciousness

In the unlikely event of a child losing consciousness, do not give them anything by mouth – not even Hypostop. Place them in the recovery position (lying on their side with the head tilted back). Call an ambulance, informing them the child has Diabetes. The child will come around eventually and should not come to any immediate harm, if they are kept in the recovery position.

Note: The child may have a seizure, with jerking of one or more limbs, but you should still follow the directions already outlined.

Physical activity

Diabetes shouldn't stop children with the condition from enjoying any kind of physical activity, or being selected to represent school and other teams, providing they have made some simple preparations

Preparations are needed because all forms of physical activity, such as swimming, football, gymnastics and walking, use up glucose. If the child does not eat enough before starting an activity, their blood glucose level will fall too low and they will experience a hypo.

The more strenuous and prolonged the activity, the more food will be needed beforehand, and possibly during and afterwards.

Before an activity, it is important for the child to have an extra snack. If the activity is after lunch, it may be easier for the child to have a slightly larger lunch.

During an activity, there should be glucose tablets or a sugary drink nearby (eg on the side of the pool or at the side of the pitch) in case the child's blood glucose level drops too low, which could lead to a hypo.

After an activity the child may need to eat some starchy food, such as a sandwich or a packet of crisps, but this will depend on the timing of the activity (for example, it may be followed by lunch) and the level of exercise taken.

While it is important that teachers keep watch over all the children, the child with diabetes need not be singled out for special attention. This could make them feel different and may lead to embarrassment.

Children with diabetes should not use their condition as an excuse for not participating in any physical activity. If this does happen regularly, speak to their parents/carers to find

out more about the individual situation. Diabetes should not be an excuse for opting out of school activities.

Other considerations

Sickness

If the child is unwell, their blood glucose levels may rise. This can happen even if the child just has a cold. High blood glucose levels may cause them to be thirsty, and need to go to the loo more frequently. If teaching staff notice this during the day, they should report it to the school nurse or, in the nurse's absence, to the child's parents/carers so the necessary adjustments can be made to the insulin dose.

If the child vomits at school, start them sipping on a sugary drink, eg Lucozade, and call the School Nurse parents/carers. Should the child continue to vomit, take them to the nearest Accident and Emergency department.

Blood glucose testing

Most children with Diabetes will need to test their blood glucose levels on a regular basis. They may need to do this at school, especially before or after physical activity, or if they feel that their blood glucose level is falling too low or climbing too high.

If these tests are needed in school, the child's parents/carers can advise on how often and where they should be done.

The Medical Centre have a spare blood glucose meter and equipment in the event of a student mislaying their own meter or a malfunction.

Some children may have a sensor on their arm and read their blood sugar, without finger prick tests, using a hand held device.

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Policy created May 2017

Updated: 22Jan 2019

Date of next review: February 2020