

What

Diabetes Care to Expect in Schools



FOREWORD

Partnership working between Health and Education services is essential to ensuring that all children with diabetes reach their full potential and participate fully in academic and other school activities. The needs of children with diabetes within school hours are wide-ranging and vary according to age.

A diagnosis of diabetes in a child brings with it many changes and challenges to the child's life and also to their family. With appropriate support, children and their families adjust and adapt to diabetes.

It is vital that educational services support families in managing their child's diabetes. Older children from about the age of 9 years are increasingly independent with their diabetes care but may still require supervision. In the absence of their parents or carers, younger children will need support and assistance from school staff during the school day to manage their diabetes. It is important that all school staff have an awareness of diabetes and that training is available.

This booklet describes what diabetes care parents can expect when their child attends school. Information is provided on the roles of parents / carers and school staff in relation to individual healthcare plans, school staff training, eating, physical activity, school trips, insulin administration and blood glucose testing and what to do in an emergency.

There is no cure for diabetes yet but there is a lot of evidence of what works in diabetes and how we can support children and their families in managing their condition and live life well.

I endorse the content of this booklet produced by the Education and Library Boards in association with Diabetes UK and the Health and Social Care Trusts. This booklet will be beneficial to families and carers of children with Type 1 diabetes and will enhance the support they will receive during their school years.

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Introduction

This booklet informs parents of the processes that will enable school staff to support children with diabetes in schools in Northern Ireland. This guidance document is intended to be used in conjunction with and not as a substitute for the joint DHSSPS/DE guidance "Supporting pupils with Medication Needs".

Type 1 diabetes is a lifelong and life changing condition where due to a complete lack of the hormone called insulin, the blood glucose level rises above normal levels. The cause is unknown but is not related to poor diet or being overweight. Type 1 diabetes can be treated effectively with insulin which is injected or infused via an insulin pump, and with regular meals containing carbohydrates.

Diabetes is monitored by blood glucose testing which alerts the child and his/her parent or carer if the blood glucose is too low, (hypoglycaemia) or too high (hyperglycaemia). Physical activity is also an important factor in diabetes management as it helps to keep blood glucose levels closer to the normal range.

Diabetes needs to be managed well. When a child is cared for in a supportive



environment, they should feel healthy and will be able to concentrate and perform as normal and achieve their true academic potential.

All school staff should be made aware that your child has a diagnosis of diabetes and also be aware of which members of school staff have been trained by the PDSN to manage your child's condition. Training will be given to school staff by the Paediatric Diabetes Specialist Nurse (PDSN) to ensure that they know how to manage your child's condition.

Individual Healthcare Plans

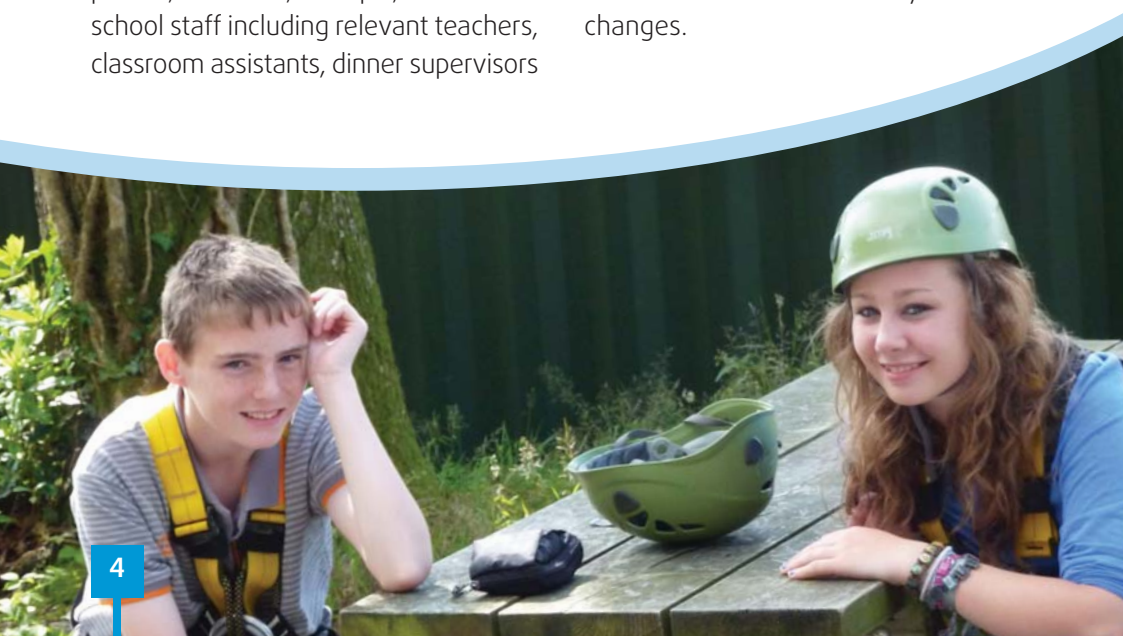
The ultimate aim of diabetes management is to keep your child's blood glucose levels as close to normal as possible using regular blood glucose monitoring to balance insulin, carbohydrate intake and exercise.

All children attending school who have diabetes will have an Individual Healthcare Plan (IHP) which remains in school and can be accessed at all times.¹ The IHP supports and guides the school staff to know about all aspects of your child's diabetes management and those involved in his or her diabetes care.

The IHP is drawn-up in consultation with the parents / carers, child or young person, the PDSN, Principal, teacher and school staff including relevant teachers, classroom assistants, dinner supervisors

and school office staff to ensure that your child is fully supported. The plan is then agreed and signed by a parent or carer and all appropriate staff who will be involved with your child in relation to his/her diabetes care. The plan should include information on how and when to contact parents and key health professionals. The plan could also include a photograph of your child. It should also detail care requirements including blood glucose monitoring, the safe storage of insulin and other equipment kept in school.

All facts in the IHP will be updated, under the guidance of the PDSN, on a regular basis, e.g. updated annually or if the medical needs of your child changes.



Starting a new School or returning to School following diagnosis

The diagnosis of diabetes and start of treatment begins in hospital. If detected early the child may continue treatment on an outpatient basis or in the child's home. Following discharge and when your child feels well, a rapid return to all normal routines is encouraged. This can be an anxious time for you as a parent as your child starts or returns to school.



School Staff Training

In 2008 the Department of Education and the Department of Health, Social Services and Public Safety published guidance entitled "Supporting Pupils with Medication Needs".²

The Department of Education made available funding to the Education and Library Boards to provide training to all school Principals on how to meet the needs of all pupils with medication needs, including those with diabetes.

Staff in all schools where there is a child/ are children with diabetes, should have a general knowledge of diabetes and what to do in an emergency for example if the child has a hypo-

glycaemic episode. In planning for a pupil with diabetes joining or returning to a school, the Principal can request training from the PDSN. Training normally takes place as close as possible to the date on which the child starts school. However, it is important to note that until training has been delivered by health professionals the administration of medication remains the responsibility of parents/carers.

Your PDSN will discuss this with you in advance of your child starting school.

In agreement with the school Principal, school staff can volunteer and be trained to take on a variety of skills including insulin injections and blood glucose monitoring. If your child is very young and is unable to self-manage their diabetes, in the absence of volunteers, the school Principal can consider recruiting staff to undertake these duties. There may already be staff within the school that, with appropriate training, would be willing to undertake these duties. Specific training in the skills that support the management of your child will be given by the paediatric diabetes specialist nurse.

Competency based training to inject insulin is available and delivered by PDSNs.

| Action | Responsibility |
|--|--|
| Organise a meeting with the school principal prior to starting or when your child first develops diabetes | Parents / Carers |
| Provide the principal with information about your child's condition and treatment including name of insulin, doses and timing of injections or pump boluses | Parents / Carers |
| Principal will seek volunteers from within existing staff to administer medication to child | Principal |
| Principal will arrange a meeting with parents, and appropriate school staff | Principal |
| Introductory meeting. Parent identifies child's needs and provides PDSN contact details. The school principal will seek two volunteers to be trained to meet your child's medical needs. | Principal / Parents / Carers / Volunteers from school staff |
| PDSN is contacted and planning meeting arranged | Principal |
| Training meeting. PDSN introduces the IHP, identifies training needs and dates for training. | Principal / PDSN / Parents / Carers / Volunteers from school staff |
| Training is provided by PDSN until staff are competent and confident (up to 5 visits if required) | PDSN / Parents / Carers / Volunteers from school staff |
| Parents will remain responsible for the administration of their child's medication until staff have been fully trained | |

Staff Indemnity

School staff are indemnified by their employers as long as they meet the conditions outlined in the guidance 'Supporting Pupils with Medication Needs'².

What can the School do if no-one is willing to volunteer to administer medication?

In the event that no volunteers come forward from within the school staff a Principal may consider remunerating existing staff members to undertake these duties. The Principal may wish to discuss this option with their Education and Library Board.

The person would have to:

- be available in school when the child requires attention
- be prepared to undertake any training necessary to meet the needs of the child or children as specified on the Individual Health Care Plan

Training could include;

- testing of blood glucose, interpretation of results and subsequent actions
- administration of insulin as required on a daily basis
- caring for the child in the event of a difficulty e.g. unwell or hypoglycaemia
- accompany child on non-residential school trips when required

School & Eating

The diet for your child is the same healthy diet that is recommended for everyone. Most schools have a healthy eating policy. On the rare occasion a sweet treat is provided as a reward at your child's school your child should not be excluded unless you request otherwise.

In most primary schools, menus are sent home in advance so that you can make choices for your child. In most secondary schools 'fast passes' are available to allow your child to go to the front of the dinner queue to avoid hypoglycaemia following his/ her insulin injection.

If you have a young child he or she will be supervised at meal times (eating either school dinner or packed lunch) to ensure that enough carbohydrate has been taken. This can be a very difficult task for younger children and a staff volunteer will be required to support a child with this. In the absence of a volunteer this will be the responsibility of the lunchtime supervisor.

You and your child may have been taught to count their carbohydrate intake and match the insulin dose to the amount of food taken. How this is managed will be agreed on the IHP and included in staff training.

| Action | Responsibility |
|--|--|
| If appropriate carbohydrate foods in packed lunches should be labelled with amounts. | Parents / Carers |
| Ensuring young children eat all carbohydrate in lunch | Lunchtime Supervisor or Volunteers from school staff |

Younger children on insulin injections and pumps may need to have their insulin dose after food so that if not all food is eaten then this can be taken into account when administering the insulin and the individual needs of your child will be documented in the IHP.

Snacks

It is acknowledged that if your child goes low they may need to eat outside normal meal and break times and your school will accommodate this.



Blood Glucose Monitoring

Blood glucose monitoring (BGM) is a vital element of the management of diabetes and will often inform the insulin dose required at lunchtime, or, if treatment is needed for hypoglycaemia. BGM should be part of your child's daily management at school.

Normally a child at secondary school will carry his/ her own blood glucose monitoring kit and should have it with them at all times. In primary schools, the blood glucose monitoring kit will usually stay in your child's classroom but moves with your child for curriculum activities outside the classroom. Part of the supervision of a young child with diabetes will include responsibility for ensuring that the kit accompanies the child.

Younger children may need help with performing this procedure, interpretation of the result and follow up action if required as detailed in the IHP.

Blood glucose tests may need to be performed before a snack or lunch, if the child feels unwell or has behavioural changes or prior to physical activity. Planned use within the classroom should be discussed.

| Action | Responsibility |
|---|--|
| Carry blood glucose meter kit (secondary school) | Student |
| Carry blood glucose meter kit for outside curriculum activities (primary schools) | Designated member of school staff within classroom |
| Ensuring kit stocked with strips and lancets at all times | Parents / Carers |
| Safe storage of kit in the classroom (primary schools) | Designated member of school staff within classroom |
| Support for younger children with supervision or performing BGM | Trained school staff member |

Some children especially younger children will be unable to distinguish the difference between high and low blood glucose so rather than guessing, testing will always be recommended.

The Individual Healthcare Plan will state targets of acceptable blood glucose levels for your child. Further details on storage of medication in schools can be found in the "Supporting Pupils with Medication Needs" guidance document.

Insulin Therapy

Insulin is required to keep blood glucose levels within normal levels and is delivered via an insulin pen injector or via an insulin pump which gives a continuous flow of insulin. Some younger children may not require an insulin injection at school but the majority of children with diabetes are now using multiple daily injections and insulin will be required at lunchtime.

Insulin pumps are becoming more widely used as research has shown that either multiple daily injections or boluses of insulin (via an insulin pump) matched to food intake, allows for more stable blood glucose levels. The insulin pump more closely mimics a functioning pancreas.

Using multiple daily injections or an insulin pump does not mean that your child’s diabetes is ‘worse’ than that of a child on 2 or 3 injections daily but that this is the best treatment for your child.

Very occasionally a small dose of insulin may need to be taken outside meal or snack times if the blood glucose level is found to be high. This dose is known as a ‘correction dose’ and should bring blood glucose levels back to near normal levels.

| Action | Responsibility |
|-------------------|------------------|
| Supply of insulin | Parents / Carers |

This will be discussed in your child’s individual IHP.

Many pupils especially those aged 9 and over will be able to manage insulin injections at a practical level but may still require supervision.³ Administration of insulin via an insulin pen or an insulin pump is quick (less than a minute), discrete and safe and should be enabled within the classroom to avoid disruption and discrimination. Blood glucose monitoring or injecting insulin in a toilet or in a corridor is not reasonable practice.

Every effort will be made by a school to identify staff willing to undertake the administration of insulin, but if this cannot be done it remains the responsibility of parents/carers to administer medication until staff are identified and fully trained to meet the needs of the pupil.

Spare insulin should be stored in school fridge but insulin in current use can be kept at room temperature for 1 month.

Insulin Pumps

In Northern Ireland over the next 3-5 years, it is expected that half of all children with Type 1 diabetes will be using an insulin pump.

One of the advantages of a pump is that blood glucose levels are often more stable with less hypo and hyperglycaemic episodes. Another advantage is that the infusion set only needs to be changed every 3 days or so, avoiding multiple daily injections.

Children using a pump may need to test blood glucose levels more frequently and this may happen at any time throughout the school day. Insulin via the pump usually needs to be administered with meals and snacks.

Younger children unable to independently care for their diabetes will require assistance as documented in the IHP.

Sharps

The school's Health and Safety policy should set out safe disposal of finger prick needles and insulin pen needles in a sharps bin. The document "Supporting Pupils with Medication Needs" provides details on how to store and dispose of sharps safely. The sharps bin should be supplied and disposed of by the parents.

| Action | Responsibility |
|---------------|------------------|
| Pump Supplies | Parents / Carers |

| Action | Responsibility |
|---|------------------|
| Sharps Box will be disposed of and replaced as needed | Parents / Carers |



Physical Activity

Children with diabetes should be able to participate in all physical activities and should be encouraged to do so as being active and participating in exercise and sport is as important for the child with diabetes as it is for everyone. There are a number of elite sportsmen and women who have been successful in their chosen sport with careful management of their Type 1 diabetes.⁴

Being active uses up energy and consequently blood glucose levels can fall. Hypoglycaemia can occur some hours after the activity but planning can avoid this. Exercise is not recommended if the blood glucose level is too low or too high therefore it is important for all children to test before participating in any exercise. Guidance about supporting your child with diabetes during physical activity will be in detailed in their IHP.



Emergencies

Your child's blood glucose level may be quite variable throughout the day. If the level is too high or too low then this needs to be acted upon according to their IHP. Parents will be contacted if school staff are concerned about blood glucose levels.

Low Blood Glucose - Hypoglycaemia

Less than 4

Hypoglycaemia is the most common complication for pupils with diabetes. Training on the causes, signs and symptoms, and management of hypoglycaemia will be given to staff to ensure that they are aware of the importance of ensuring prompt and appropriate treatment of all hypoglycaemia episodes. Training will also include understanding that treatment needs to be taken to the child rather than your child being 'sent' for treatment and that your child will not be left alone until fully recovered.

Written step by step guidance for school staff will also be included in your child's IHP. All staff will be informed where the Hypo Treatment Box is kept. The box should not be locked away but be kept somewhere that is easily accessible to all staff and your child. The box will

include your child's name and class, emergency contact numbers and treatment for any hypoglycaemic episodes. In large schools there may need to be more than one Hypo Treatment Box per child. As a parent/carer you are responsible for keeping the Hypo Treatment Box stocked. If a child needs to eat a snack throughout the day to maintain their blood sugar levels, this should be facilitated by the school.

| Action | Responsibility |
|--|-----------------------------------|
| Hypo Box to be kept stocked | Parents / Carers |
| Storage of Hypo Box(es) in safe but accessible place | Designated member of school staff |
| Awareness of location of Hypo Box(es) | All school staff and child |

Hypo Symptoms and Signs

These can vary from child to child- your child's individual signs and symptoms will be documented in the IHP. If your child's signs and symptoms should change please inform the school so that these can be documented in the IHP.

| Action | Responsibility |
|---|------------------|
| Inform school if there are any changes to your child's diabetes | Parents / Carers |

Severe Hypo

It is very rare for a child to experience a severe hypo where they might lose consciousness. To help prevent a severe hypo occurring, school staff will ensure prompt and appropriate management of all hypoglycaemic episodes as detailed in your child's IHP.



High Blood Glucose - Hyperglycaemia

When blood glucose levels rise above 14 mmols they are classified as high. The most common symptoms of high glucose levels are thirst, passing large and frequent amounts of urine, tiredness and blurred vision. School staff will receive training so they are alerted to the symptoms and take action according to the IHP and this includes contacting parents. This may help prevent a serious condition called diabetic ketoacidosis (DKA). DKA requires immediate hospital admission.

Hypoglycaemia and Hyperglycaemia - Special Circumstances

Following a hypo the brain takes 45 minutes to fully recover once the blood glucose level has returned to normal levels. Similarly, when blood glucose levels are high your child may take a comparable time for full recovery once the blood glucose stabilises. Obviously this can impact on everyday life in school however if your child becomes hypo before or during a test or examination they may be disadvantaged either by losing time or by not being able to concentrate properly.

Your child may be eligible for examinations concessions and you may wish to discuss this with school staff. On your request your PDSN or diabetes doctor can supply a letter in advance of tests or examinations. This letter will outline the special circumstances that should allow your child to manage and fully recover from a hypo or from hyperglycaemia in relation to exam times. It is important to discuss with the school their policies in relation to school examination protocols as each school may have different approaches. This should be done well in advance of important exams. Invigilators must be made aware of your child's medical conditions so that they know what action to take in the event of an issue arising during an examination around hypo or hyperglycaemia.

| Action | Responsibility |
|---|----------------------------|
| Parent/carer should ask the school examinations officer to seek exam concessions for their child. | Parents / Carers |
| Examinations concessions to be requested if necessary | School Examination Officer |

School Trips including Overnight Stays

All children with diabetes should be able to avail of the full curriculum including trips and outings. Schools should make every effort to include children with diabetes on schools trips and take all reasonable steps to do so.

In accordance with the Special Educational Needs and Disability (NI) Order 2005, schools have a duty to integrate children with diabetes within the life of the school and to make reasonable adjustments so that pupils are not at a substantial disadvantage compared to other pupils in the provision of education and other associated services.

Prior to school trips, an assessment will be carried out by school staff who know your child and their needs. The assessment will take into account the activities to be undertaken and the length of the school trip. Your child's PDSN will be available to provide any extra training and education for the staff /volunteers who are supervising the trip.

| Action | Responsibility |
|--|----------------|
| Risk assessment and management plan to be prepared | School staff |



Managing Difficult Situations

If you as a parent feel that your child is being prevented from participating in school outings or any school activities these are the steps you as a parent can take;

You should ask to see a copy of the assessment form confirming this. The assessment should identify genuine and real risks that mean it is unsafe for the pupil to go. It is important for you to discuss these issues with the teacher who has made this decision

If you as a parent have enduring concerns about the treatment of your child in school you can discuss issues with the appropriate Education & Library Board. (Contact details below)

If you still feel unhappy, you can contact the Dispute Avoidance and Resolution Service (DARS). DARS was established in 2005 and aims;

- to resolve disagreements between various parties: Education & Library Boards, Boards of Governors of schools and parents about the way in which they carry out their responsibilities towards children with Special Educational Needs and
- to resolve disagreements between parents and schools about the provision being made for children with Special Educational Needs.

DARS is an independent, confidential, voluntary and informal service designed to provide an opportunity for identifying points of disagreement and finding ways forward that all parties are willing to accept. There is a DARS contact in each Education & Library Board area.

Statement of Special Educational Needs

The vast majority of children with diabetes do not require a statement. However there may be circumstances where young children with diabetes may need additional assistance to manage their condition safely. If it is decided that the child's needs cannot reasonably be met from within the resources normally available to the school then a request for statutory assessment can be made by a school, parent or other agency. This



is done by writing to the Special Educational Needs section of the local education and library board.

The Statement of Special Educational Needs follows a multi-disciplinary assessment.⁵ It details the special help the child requires and is provided by the Education and Library Board.

Help & Advice

The contact addresses of the five education and library boards in Northern Ireland are:

www.belb.org.uk

40 Academy Street, Belfast, BT1 2NQ
Telephone 028 9056 4000

www.neelb.org.uk

182 Galgorm Road Ballymena, BT42
1HN Telephone 028 2565 3333

www.selb.org

3 Charlemont Place, The Mall,
Armagh, BT 61 9AX
Telephone 028 3751 2200

www.seelb.org.uk

Grahamsbridge Road, Dundonald,
Belfast BT16 2HS
Telephone 028 9056 6200

www.welbni.org

1 Hospital Road, Omagh, BT79 0AW
Telephone 028 8241 1411

More Information can be obtained from...

www.diabetes.org.uk

Diabetes UK Northern Ireland,
Bridgewood House, Newforge Lane,
Belfast BT9 5NW
Telephone 028 9066 6646

www.deni.gov.uk

Department of Education, Rathgael
House, 43 Balloo Road, Bangor,
BT19 7PR
Telephone 028 9127 9603

www.childrenslawcentre.org

The Children's Law Centre.

www.nickey.org

The Northern Ireland Commissioner
for Children and Young People

www.senac.co.uk

The Special Educational Needs Advice
Centre

These are able to provide parents
with detailed information as to how
the appeals process works as well as
giving them support should they need
this.

1. Specialist nursing services for children and young people with diabetes. Royal College of Nursing 2006.
www.rcn.org.uk/___data/assets/pdf_file/0008/267389/003318.pdf
2. Supporting Pupils with Medication Needs. 2008
www.deni.gov.uk/support_with_medical_needs.pdf
3. Diabetes Through the Looking Glass: Seeing diabetes from your child's perspective. Dr Rachel Besser. 2009 Class Publishing, London.
4. www.runsweet.com
5. www.education-support.org.uk/parents/special-education/

Acknowledgements

The Education and Library Boards are indebted to **Diabetes UK** and the **Paediatric Nurse Specialists** for their significant help in the production of this booklet.



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