



Give this booklet
to your school

The care children with
Type 1 diabetes need in school

Type 1 diabetes:
Make the grade ★
.....

By supporting a child with Type 1 diabetes at your school, you'll be making a big difference.

Because if diabetes isn't managed properly it can lead to serious problems in the long-term.

And in the short-term if a child is struggling with their diabetes in school, it's likely they'll struggle in the classroom too.

If it's not well managed, Type 1 diabetes can mean a child has difficulties with attention, memory, processing speed, planning, organising, and perceptual skills.

If you've got more questions after you've read this booklet then we have plenty of other ways we can help you.

More help can be found at **www.diabetes.org.uk/schools**

Or call or email our **Helpline**. You can find details on the back of this booklet.

How to use this handbook

We've created this handbook to help you get to grips with providing the right care for children with diabetes at your school. Please keep it to hand so you can refer to it when you need to.

The handbook has been divided into sections so you can find the relevant information quickly and easily.

Have a read through the book in full at first so you're familiar with the information.

There are some key terms that you'll need to get familiar with when caring for a child with Type 1 diabetes. We've included some of the main ones below, which are mentioned throughout this handbook:

PDSN	Paediatric Diabetes Specialist Nurse
IHP	Individual healthcare plan
MDI	Multiple daily injections
CGM	Continuous glucose monitor
Hypo	Short for Hypoglycaemia and means low blood sugar (also known as blood glucose) levels
Hyper	Short for Hyperglycaemia and means high blood sugar levels

What care to expect at school

Every child with Type 1 diabetes deserves to have the same education as their classmates.

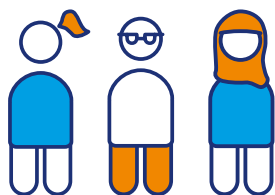
This means:

- ✓ **No child** with Type 1 diabetes should be excluded from **any** part of the school curriculum.
- ✓ **Every child** with Type 1 diabetes should have access to **extracurricular activities**, including overnight stays and trips abroad.
- ✓ Schools, local authorities and health services should **work together** to make sure they meet the needs of children with Type 1 diabetes.
- ✓ Paediatric diabetes teams should provide **training and support** to schools, so school staff have the **skills and confidence** they need to look after a child with Type 1 diabetes.
- ✓ **No parent** should be relied on to go into school to treat their child's diabetes.
- ✓ **Every child** with Type 1 diabetes should be allowed to **inject insulin**, in public or in private, depending on their wishes.
- ✓ **Every school** should have a **medical conditions at school policy**, which is updated every year.
- ✓ **Every child** with Type 1 diabetes should have an **individual healthcare plan (IHP)**, which details exactly what their needs are and who will help them.
- ✓ Parents should provide **up-to-date information** about their child's needs and all the supplies needed to manage diabetes in school.



- ✓ **Don't assume** that all children with Type 1 diabetes have the same needs.
- ✓ **All school staff** should know what to do in case of emergency and at least two people should be trained in how to care for a child with Type 1 diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.
- ✓ Schools and parents should agree on a **clear method** of communication.
- ✓ Children with Type 1 diabetes should **never** be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.
- ✓ Children with Type 1 diabetes should **never** be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.
- ✓ When children with Type 1 diabetes have exams, **specific plans** should be included in that year's individual healthcare plan and agreed between the school, the child and their parents.
- ✓ Children with Type 1 diabetes **should not** be sent home frequently or penalised for poor attendance when absence is related to their diabetes.
- ✓ **Every child** with Type 1 diabetes should be listened to and their views taken into account.





Getting started

To start with you'll need to know a little bit more about Type 1 diabetes and the sorts of things that need to be in place at your school.

To look after a child with diabetes properly your school needs:

- ☐ a medical conditions policy
- ☐ an individual healthcare plan (IHP) for each child
- ☐ appropriate training for staff
- ☐ a working relationship between the child, their parent or carer and their Paediatric Diabetes Specialist Nurse (PDSN).

What is Type 1 diabetes?

Type 1 diabetes develops when your pancreas can't make any insulin to manage the levels of glucose in your blood properly, allowing too much glucose to build up.

We need insulin to help glucose get into our body's cells, where it's used for energy. If glucose can't get into the cells and your blood sugar levels are too high for too long, you can get extremely ill.

Type 1 diabetes usually develops before you're 40 years old, and is the most common type of diabetes found in children and young people. It's one of the main types of diabetes. The other is Type 2 diabetes. They're different conditions, but once you're diagnosed with either, you have it for the rest of your life.

The information in this handbook is about children with **Type 1 diabetes**.



Children with Type 1 diabetes are just like other children.

But because they need to inject or pump insulin, test their blood and manage hypos, they can sometimes feel different from their friends and classmates.

While many children don't want to stand out or be treated differently, there may be times when they need extra help and support. So talking about their diabetes should always be done sensitively.

It's important to remember that children with Type 1 diabetes are not all the same. The way one child manages their diabetes will be different to another. So you, or whoever is responsible for caring for a child with diabetes at your school, will need specific advice and training in their individual needs from their parent and PDSN.

Every child with Type 1 diabetes should have an individual healthcare plan, which should be developed following a meeting with the child (where appropriate), their parent or carer, PDSN and relevant school staff. This plan should detail the child's individual care needs.

To download a sample individual healthcare plan go to
www.diabetes.org/schools



Symptoms

The 4Ts of Type 1 diabetes

As you work in a school, you can be in a position to spot the early signs that a child may have Type 1 diabetes.

There are four common symptoms you can look out for.

We call them the **4Ts of Type 1 diabetes**:



If a child is going to the toilet a lot, has increased thirst which they can't quench, is more tired than usual or is losing weight it could be a sign they have Type 1 diabetes.

Don't delay – tell the parents or carer and advise them to take their child to a doctor immediately for a test. Undiagnosed Type 1 diabetes can be fatal.

Know the 4Ts of Type 1 diabetes **It could save a child's life**



If your child is experiencing any of the 4Ts,
visit your doctor immediately for a test.

Don't delay. Type 1 diabetes can be fatal.

diabetes.org.uk/The4Ts







Taking insulin and checking blood sugar levels

Children with Type 1 diabetes can't produce any insulin. This means they must take insulin and check their blood sugar levels regularly throughout the day.

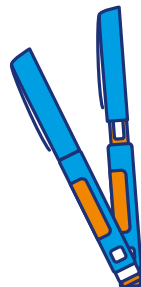
Insulin

Insulin can't be swallowed like a medicine. A child will either need to inject insulin or deliver it via a pump.

Injecting insulin

Children who need to inject at school will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin pen device rather than a syringe. Some children may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed.

Children might need help with injecting, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, demonstrate how the equipment is used and tell you how the pen and insulin should be stored.



Multiple daily injections

If a child injects insulin then they'll usually take four or more injections a day. This is known as multiple daily injections or MDI.

Most children are now started on MDI from diagnosis. Children taking MDI will need an injection with each meal as well as one at bedtime and possibly in the morning. This means they'll need to have an injection at lunchtime, and perhaps at other times of the school day too.

Two injections a day

While it's a lot less common now, some children have two injections a day. They'll usually take them at breakfast and evening meal time, and so won't usually need to inject during the school day.

Insulin pumps

An insulin pump delivers a small amount of insulin round the clock via a tiny cannula, which sits just under the skin. The cannula usually stays in place for 2–3 days so shouldn't need changing at school unless it becomes dislodged or blocked.



Insulin pumps at school

Children who use an insulin pump will need to deliver extra insulin via the pump when they eat or if their blood sugar levels are high. This is done by pressing a combination of buttons. Again, children might need help with this. Their parent, carer or PDSN can teach school staff how to give insulin via the pump and how to look after the pump at school.

Blood sugar checking

Most children with diabetes will need to check their blood sugar levels on a regular basis, including at school.

Checking blood sugar levels involves pricking the finger using a special device to obtain a small drop of blood. This is then placed on a testing strip, which is read by a small, electronic blood sugar meter. A test usually takes a few seconds.



A child is likely to need to test:

- before meals
- before, during and after physical activity
- if they're unwell
- anytime they or school staff feel that their blood glucose level is too low or too high.

Children might need help with checking their blood, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, how the equipment is used and how often testing should be done.

Continuous glucose monitor (CGM)

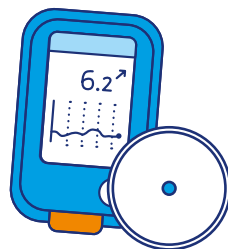
Some children will wear a CGM. This is a small sensor that remains attached to them 24 hours a day, and gives automatic and frequent blood sugar readings. Children wearing a CGM generally won't need to prick their finger to check their blood sugar levels during school hours. Often a CGM will have an alarm to alert people if their blood sugar levels go too low or too high.



The help a child needs with taking insulin and blood sugar monitoring will be explained in their individual healthcare plan.

Flash glucose monitors

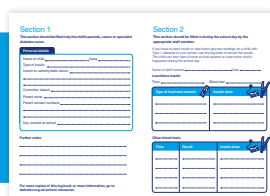
Some children might check their blood sugar levels with a flash glucose monitor. It's a small sensor worn on the arm that measures blood sugar levels continuously. To get a reading you simply scan the reader over the sensor. It's quicker to use than a blood testing meter and means no finger pricks. A child who uses a flash glucose monitor might still need to finger prick test on occasions.



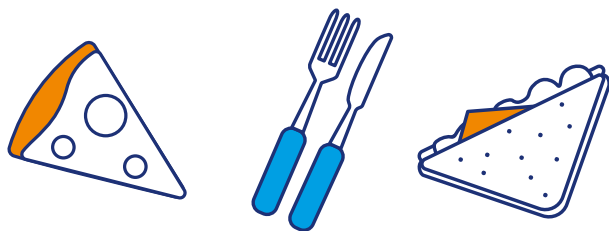
Keeping track

It's really useful to note down doses of insulin, what's been eaten and any hypers or hypos. It will mean parents and carers know what's happened each day at school and also help spot any patterns.

To help you we have a log book you can download for free from our website:
www.diabetes.org.uk/school-resources







Eating

No food is off limits because a child has Type 1 diabetes, but food and drink choices can affect a child's diabetes management.

Food

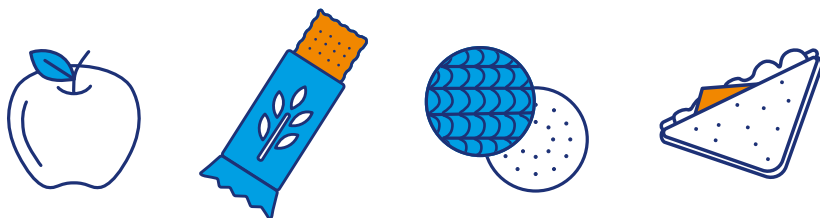
Children with diabetes should follow the same diet that's recommended for all children – one that's low in fat for older children (younger children need a lot of calories so they shouldn't have fat restricted), salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack.

Diabetic foods are not recommended because they still affect blood sugar levels, can have a laxative effect and are expensive.

Carb counting

All children using a pump, and most using MDI, will match their insulin exactly to the amount of carbohydrate in the food they're about to eat. This is known as carb counting.

Children might need help with carb counting, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer, PDSN or dietitian will be able to explain the help they need, explain exactly how it works and give you all the information you need to carb count.



Snacks

Children with diabetes might need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the individual child, but could be:

- a portion of fruit
- an individual mini pack of dried fruit
- a cereal bar
- a small roll or sandwich
- biscuits.

The child's parent, carer or PDSN will advise on whether snacks are needed and when, and the best type of snack to be taken.

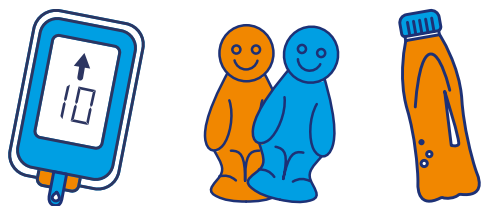
Eating times

Children who take multiple daily injections or who use a pump can usually be reasonably flexible with their eating times. But if a child takes two injections of insulin per day, meals and snacks may need to be eaten at regular intervals to help keep blood sugar levels stable.

It's important to know if there are specific times when the child needs to eat and make sure that they keep to these times, as a missed or delayed meal or snack could lead to hypo (see highs and lows [page 24](#)).

Refer to the child's individual healthcare plan for specific information about how to manage their food during the school day.





Highs and lows

If a child's blood sugar levels are too high or too low while at school, they might start to feel unwell. Some children might have more frequent absences because of their diabetes. Here are some of the things to be aware of and look out for.

Hypoglycaemia (hypo)

Hypoglycaemia happens when blood sugar levels fall too low (below 4mmol/l). Most children and families will call it a hypo. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly.

Sometimes there's no obvious cause, but usually it's because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.



How to recognise a hypo

Most children will have warning signs of a hypo.

These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- dizziness
- feeling tearful, stropky or moody
- going pale.

Symptoms can be different for each child and the child's parent or carer can tell you what their child's specific warning signs are. They will also be listed in the child's individual healthcare plan.



Treating a hypo

Hypos must be treated quickly.

Left untreated, the blood sugar level will continue to fall and the child could become unconscious or have a seizure. Some children will know when they are going hypo and can treat it themselves. Others, especially if they're younger, newly diagnosed or have learning difficulties, might need help.

A child **should not** be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the child.

In the event of a child having a hypo, here's what to do:

- 1** Check the child's blood sugar level (when possible).
- 2** Immediately give them something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets, fruit juice or sweets such as jelly babies.
- 3** After 10–15 minutes, check the blood sugar level again. If the level is still low, repeat **step 2**.
- 4** Check the blood sugar level again in another 20–30 minutes to make sure that they have returned to normal.
- 5** Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due. The child's parent, carer or PDSN will tell you if they need a follow-on snack.

It's important to remember that how a child treats a hypo and the amount of treatment they need will vary between children.

A parent, carer or PDSN will explain exactly how they treat a hypo and this will need to be recorded in their individual healthcare plan too.

Once a hypo has been treated and the blood sugar has returned to a normal level there's no reason why the child can't continue with whatever they were doing. However, it can take up to 45 minutes for a child to fully recover.

Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a child have one.

Unconsciousness

In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position, lying on their side with the head tilted back. Do not leave their side, call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.

All parents have an emergency injection of glucagon (a hormone that raises blood sugar levels), which can be given if a child becomes unconscious, and in some cases this will be available in school. The child's parent, carer and PDSN will tell you whether this is necessary and if so, training will be given by the PDSN.



Hyperglycaemia (hyper)

Hyperglycaemia happens when blood sugar levels rise too high. Families and children might call it a hyper or just a high.

All children are likely to have high blood sugar levels sometimes. A hyper might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Treating a hyper

Depending on how a child takes their insulin, if their blood sugar is only high for a short time, treatment may not be needed. But if blood sugar has been high for some time, treatment might include:

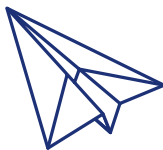
- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones – poisonous chemicals that can build up in the blood when blood sugar is very high.

Children on pumps will need to treat high blood sugar levels quickly.

The child's parent, carer or PDSN will be able to tell you what treatment is needed and when. It will also need to be recorded in the child's individual healthcare plan.







School life

Diabetes shouldn't stop a child from being involved in all parts of school life. But there are a number of things to think about to make sure they get the same education and opportunities as their classmates.

Physical activity

Diabetes shouldn't stop children from enjoying any kind of physical activity, or being selected to represent your school in sports teams. But children with diabetes will need to plan for physical activity, which includes checking their blood sugar levels carefully and making sure they drink enough fluids.

All forms of activity, like swimming, football, rugby, netball, hockey, running and athletics, use up glucose. This can mean that a child's blood sugar level can fall too low and they'll have a hypo (see highs and lows, [page 24](#)). If their blood sugar is high before getting active, physical activity may make it rise even higher.

The way a child gets ready for activity will depend on:

- when they last injected their insulin
- the type of physical activity they'll be doing
- the timing of the activity and how long it will last
- when they last ate
- their blood sugar level.

They might need to:

- have an extra snack before, during or after the physical activity
- alter their insulin dose
- inject in a specific place on their body.

The child's parent, carer, PDSN or dietitian will be able to tell you about the right preparation for them, and this will be included in the child's individual healthcare plan.

Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the child's usual school routine.

Things to take on a trip include:

- insulin and injection kit, either for a regular lunch time injection, or an unplanned injection that might come about due to an unexpected delay on a trip where an extra meal is needed
- blood testing kit
- hypo treatments (see highs and lows, [page 24](#))
- pump supplies (if appropriate) plus injection kit in case of pump failure
- extra food or snacks in case of delays
- emergency contact numbers.

The child's parent, carer or PDSN will be able to tell you of any adjustments that need to be made.



Overnight stays

When staying overnight on a school trip, a child who injects will need to take insulin injections and test their blood sugar levels (which may include testing at night), even if these aren't usually done in school.

If the child can't do their own injections, manage their pump or test their blood sugar levels, they'll need help from a trained member of staff.

School staff should meet with the child's parent or carer and PDSN well in advance of the trip to discuss what help is needed and who will help the child.

We've created a free tool to help you make sure a child with diabetes gets the most out of their school trip and stays safe. Find it at **www.diabetes.org.uk/school-trips**



Exams

Making sure any children with diabetes are ready for their exams needs planning. The child will need to take their blood sugar monitor and hypo treatment into an exam and might need extra time to finish the exam.

Everyone should know what to do if a child has a hypo or hyper before or during their exam. Different exam boards might have different rules but all of them must make adjustments if someone has diabetes.

Talk to the child, their parent or carer and PDSN and refer to the child's individual healthcare plan for the type of extra help needed.

We've created a free tool so diabetes doesn't stop children doing their best when they're taking their exams.
Find it at www.diabetes.org.uk/trips-and-exams



For more information

Along with all the tools you've read about in this booklet, you can find loads more information about looking after children with diabetes in your school on our website. There's guidance on who should have responsibility for what, presentations to help you explain diabetes and legal information for across the UK.

Go to **www.diabetes.org.uk/schools**

And if you'd like to speak to someone about diabetes, our specially trained counsellors on our **Helpline** will be able to answer your questions.

Call the Diabetes UK Helpline on **0345 123 2399***
Monday–Friday 9am–6pm
or email **helpline@diabetes.org.uk**

If you'd like to order extra parent or school packs call us on: **0800 585 088**



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facebook.com/diabetesuk

www.diabetes.org.uk

*Calls may be monitored for quality and training purposes.

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Sample medical conditions
policy for schools

Type 1 diabetes:
Make the grade ★

Policy statement

Our school is an inclusive community that welcomes and supports pupils with medical conditions.

Our school provides all pupils with any medical condition the same opportunities as others at school.

We will help to make sure they can:

- be healthy
- stay safe
- make a positive contribution
- enjoy and achieve
- be successful once they leave school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

This school will make sure all our staff feel confident in knowing what to do in an emergency.

Our school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All our staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named members of school staff responsible for this medical conditions policy and making sure it's carried out are:

.....

.....

Our medical conditions policy

Our medical conditions policy describes how the school will meet the needs of children and young people with long-term conditions including diabetes.

1 Our school is an inclusive community that supports and welcomes pupils with medical conditions.

We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.

No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

This school will listen to the views of pupils and parents.

Pupils and parents should feel confident in the care we provide and that the level of that care meets their needs.

Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in an emergency.

The whole school and local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs.

1 Continued

England, Wales, Northern Ireland and Scotland each have different laws or guidance around supporting children with medical conditions in school. Pick the right paragraph for your school's medical conditions policy.

As a school in England we will meet the duties in the Children and Families Act and the Equality Act relating to children with disability or medical conditions. We recognise these acts are anticipatory.

As a school in Wales we adhere to all legislative duties placed on us to manage medical conditions in a school setting, such as the Equality Act 2010 and the Additional Learning Needs & Education Tribunal (Wales) Act 2018.

As a school in Northern Ireland we follow the Education (Northern Ireland) Order 1996 and the Department of Education and Education Authority guidance and Code of Practice on the Identification and Assessment of Special Educational Needs and any updates notified by the Education Authority.

As a school in Scotland we recognise the guidance of Getting It Right for Every Child (GIRFEC) the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. We will also meet the duties of the Equality Act. We recognise that they are anticipatory.

2 Our school's medical conditions policy has been created with input from different groups.

Pupils, parents*, school nurses, school staff, governors, the school employer (in the case of academies and free schools) and relevant local health services should all be asked to contribute.

3 The medical conditions policy is supported by a clear communication plan for staff, parents and others to make sure it's carried out fully.

Pupils, parents and relevant local healthcare staff are informed of and reminded about the medical conditions policy through clear communication channels.

4 All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

All children with a medical condition at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing it within emergency care settings.

5 All staff understand and are trained in the school's general emergency procedures.

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.



6 This school has clear guidance on providing care and support and administering medication at school.

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

This school will make sure that there are several members of staff who've been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.

This school will make sure there are enough staff trained to cover any absences, staff turnover and other circumstances. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances. Every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

When giving medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.

This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Parents at this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

7 This school has clear guidance on the storage of medication and equipment at school.

This school makes sure that all staff understand what an emergency is for an individual child and makes sure that emergency medication or equipment is easily available wherever the child is in the school or on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish and if it's appropriate.

Pupils may carry their own medication and equipment, or they should know exactly where to get it from.

Pupils can carry controlled drugs if they're able to look after them properly. If not, the school will store them securely but accessibly. Only named staff should have access to them. Only specially trained staff can give a controlled drug to a pupil.

This school will make sure that all medication is stored safely, and that pupils with medical conditions know where it's stored and have immediate access to it at all times.

This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which must still be in date, but will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all medications and equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.



8 This school has clear guidance about record keeping.

Parents at this school are asked if their child has any medical conditions on the enrolment form.

This school uses an IHP to record the support an individual pupil needs around their medical condition.

The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

This school makes sure that the pupil's confidentiality is protected.

This school seeks permission from parents before sharing any medical information with any other party.

This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

8 Continued

This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse, school nurse or other suitably qualified healthcare professional or the parent. The specialist nurse, school nurse or other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

9 This school makes sure the whole school environment is welcoming and suitable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are asked about what will help make the school accessible to them. This school is also committed to providing an accessible physical environment for out-of-school activities.

This school makes sure the needs of pupils with medical conditions are adequately considered so they can take part in structured and unstructured activities, extended school activities and residential visits.

9 Continued

All staff are aware of the potential social problems that pupils with medical conditions may experience

and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities in lessons to raise awareness of medical conditions to help promote a positive environment.

This school understands the importance of all pupils taking part in physical activity

and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell.

They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication, equipment and food with them during physical activity.

This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum

and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

This school will not penalise pupils for their attendance if their absences relate to their medical condition.

9 Continued

This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the school's special educational needs coordinator (known as a SENCO) or equivalent who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

Pupils at this school learn what to do in an emergency.

This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.



10 This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training and written information on medical conditions which includes avoiding or at least reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a plan to reduce potential triggers and is actively working towards reducing and trying to eliminate these health and safety risks.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

11 Each member of the school and health community knows their roles and responsibilities in maintaining and carrying out an effective medical conditions policy.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to make sure that the policy is planned, carried out and maintained successfully.

The roles and responsibilities for all relevant parties can be found at www.diabetes.org.uk/schools

12 The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, this school seeks feedback from pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. Listening to what pupils think of the policy is an important part of evaluating it.

To download a sample copy for your school, go to **www.diabetes.org.uk/schools**

This information is based on Medical Conditions at School – A Policy Resource Pack. You can view this at **www.medicalconditionsatschool.org.uk**

If you'd like to speak to someone about diabetes, our specially trained counsellors on our **Helpline** will be able to answer your questions.

Call the Diabetes UK Helpline on **0345 123 2399***
Monday–Friday 9am–6pm
or email **helpline@diabetes.org.uk**



@DiabetesUK



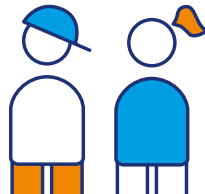
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For more information, go to
www.diabetes.org.uk/schools

*Calls may be monitored for quality and training purposes.

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The facts about Type 1 diabetes



Type 1 diabetes:
Make the grade ★



**People say lots of different
things about Type 1 diabetes.**

But not all of it is true.

We're setting the record straight.



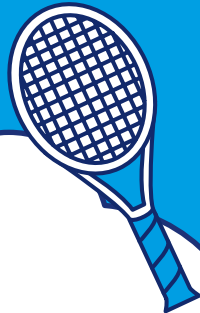
Going **high or low** is part of having diabetes

Type 1 diabetes in children is unpredictable and difficult to manage. Lots of things like growing, puberty, stress, illness and even the temperature can affect blood glucose levels. Often there will be an obvious reason for a high or low. But sometimes it just happens and it can't be stopped.



Children with diabetes **can** play sports

Having Type 1 diabetes shouldn't get in the way of playing sports. But children with Type 1 will need to plan ahead. They'll need to test their blood glucose levels and adjust the insulin they need or eat a snack before, and sometimes during or after they play. They'll also need their equipment and hypo treatment nearby just in case they need them.

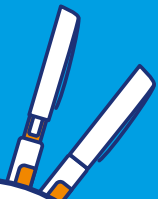




Children should avoid food with a **'diabetic'** label

Despite their name, foods with a 'diabetic' or 'suitable for people with diabetes' label have no benefit for children with diabetes. They're often expensive, high in fat and calories and can still cause blood glucose levels to rise. They can also cause side effects like diarrhoea.



Two white insulin pens with orange accents are shown diagonally in the top right corner of the cloud.

Type 1 is **equally serious** whether you use an insulin pump or inject


An insulin pump is one way of managing Type 1 diabetes. Injecting insulin is another. Children who use a pump do so because they and their doctor feel it's the best way of managing their diabetes. Other children will prefer to use insulin pens to inject the insulin they need.





Children **don't** get Type 1 diabetes because they eat too many sweets

We don't fully know what causes Type 1 diabetes and why some children get it and others don't. But we do know there's nothing you can do about getting Type 1. And it's definitely nothing to do with eating sweets or any other sugary foods.



Type 1 diabetes is **for life**


There is no cure for diabetes. Once a child is diagnosed with Type 1 diabetes, they have it for life. But it can be successfully managed by taking insulin, eating a healthy balanced diet and keeping fit and active. We're continuing to fund research into treatment and prevention, bringing us closer to a cure.





There are **different types** of diabetes

People with Type 1 diabetes don't produce any insulin. Without insulin we die. The only way to treat it is with insulin injections or a pump. It's the most common type of diabetes found in children. People with Type 2 diabetes don't produce enough insulin or their insulin isn't working properly. It usually occurs later in life and is much more common in adults.



No one gets Type 1 diabetes
because they're overweight
or used to be overweight

Type 1 diabetes has nothing to do with weight or lifestyle. Being overweight puts people more at risk of Type 2 diabetes, which is extremely rare in children.

If you'd like to speak to someone about diabetes, our specially trained counsellors on our **Helpline** will be able to answer your questions.

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What to do if I have a hypo

- ✓ Test my blood glucose level, if possible.
- ✓ Give me
to eat or drink straight away.
- ✓ Don't leave me on my own or send me
away to get treatment.
- ✓ Check my healthcare plan for further action.

I have Type 1 diabetes

- ☐ I use insulin injections
- ☐ I use an insulin pump



What I'm allowed to do to treat my diabetes

- Eat or drink to prevent or treat a hypo.
- Test my blood glucose levels.
- Take an insulin injection or adjust my pump.
- Have a drink and/or use the toilet.

My hypo signs are:
