



TOWN CLOSE SCHOOL

NORWICH'S FINEST PREP SCHOOL • FOR GIRLS & BOYS • 3-13 YEARS

Appendix 3 - Dealing with Diabetes

Pupils with diabetes have rights under the Disability Discrimination legislation. They cannot be treated less favourably than their non-disabled peers in admissions, exclusions and access to education and associated services. For example a child with diabetes cannot be excluded from a school visit or sports activity for a reason directly related to their diabetes, refused admission to a school, or excluded because of their condition.

What is Diabetes?

Diabetes is a condition in which the amount of glucose in the blood cannot be controlled due to the auto immune destruction of special cells within the pancreas. All the food we eat is broken down into glucose. Glucose passes via the gut out into the bloodstream. If you do not have diabetes your body will release the hormone insulin in exactly the right amount at the same time as the glucose releases into the bloodstream. If you do have diabetes, both the production of insulin, and the regulation of how much glucose is available in the bloodstream, fails. The aim of the treatment for diabetes is to keep the blood glucose levels close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia, also known as a hypo). Most children with diabetes will have Type 1 diabetes. Their pancreas does not produce insulin so they will need insulin injections to regulate their blood sugar levels.

Medicine and Control:

Treating Diabetes:

Insulin has to be injected, and most children with diabetes will need several injections every day. While some injections will be given out of school hours, it is increasingly likely that pupils will require one or more injections during the school day.

Blood Glucose Monitoring:

Most children with diabetes will need to test their blood sugar levels during school time. This is vital to the management of the condition and must be facilitated. Blood

glucose testing involves pricking the finger, using a special device, and placing a small drop of blood onto a reagent strip. The level is displayed on a small electronic meter. The procedure takes as little as a minute to complete. Schools will endeavour to provide privacy for the child to carry out this procedure (if the pupil desires it) though that need not be out of the classroom.

Staff may need to oversee the blood glucose test and help a young child to interpret the reading. If a child has low blood glucose level (hypo) they may also interpret the reading incorrectly, or need assistance inserting the testing strip etc.

Diet:

A balanced diet is just as important for children with diabetes as all other children. A regular intake of starchy carbohydrate foods is important to keep the blood glucose levels within the normal range. Meals and snacks will need to be eaten at regular intervals, usually at normal school break and lunchtimes. However, there may be occasions when a snack or dextrose will need to be taken during lesson times. Pupils should feel that they are able to ask to eat during lesson time if they need to do so, without fear of reprisal. It is important to know the times the child needs to eat and make sure that they keep to these times. It may be necessary to allow the pupil to attend first sitting of lunch for example.

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

Hypos are most likely to happen before meals and during or after exercise.

It is important to understand that a hypo cannot be predicted. It is a physiological response that can happen very suddenly and without warning. It is during a hypoglycaemic episode that adult support is most likely to be required and there is a need for awareness and training for all staff.

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; Hormonal development; Growth; Emotional changes – exam stress, peer pressures etc;

Most children will have warning signs that will alert them, or people around them, to a hypo. However, some children will have no hypo awareness at all and can be completely unaware of their deteriorating state. It is vital to encourage pupils displaying symptoms to test their blood glucose levels.

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; pallor; glazed eyes; shaking and trembling; lack of concentration; irritability; headache; mood changes, especially angry or aggressive behaviour; fainting; non-responsive; unable to chew or drink; unconscious. A member of staff is trained in the use of the Glucagon Hypo Kit (bright orange box) and will administer the injection.

In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position and call an ambulance informing them that the child has diabetes.

HYPERGLYCAEMIA (HYPER) AND KETOACIDOSIS:

This occurs when blood glucose levels rise and stay high. Symptoms of hyperglycaemia do not appear suddenly but build up over time. School staff need to be aware that whilst children can become unwell, they may show no symptoms. A hyper may be caused by too little or no insulin, too much carbohydrate, stress, infection or fever. Extra insulin will be required.

Warning signs may include:

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

Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis (DKA). It can take anything from a few hours to a few days to develop and is life threatening.

Warning signs:

- Abdominal pain; Vomiting; Deep and rapid breathing (over-breathing); Breath smells of acetone (like nail polish remover).

If a pupil displays symptoms of ketoacidosis, contact the parents immediately. If they are unavailable, call 999. When the paramedics arrive tell them the child has diabetes.