

Supporting Educational Staff and Children/Young People with Diabetes in Schools and Early Years Settings - Standard Operating Procedure

1. Overview

Paediatrics Team SOP – formerly guideline WC/NP/93P

2. SOP Governance

Department: Paediatrics Diabetes Team

No of pages: 20

Version & Date: V3 (v1 as SOP)

Author: Paeds Diabetes Team

Authorised by: Women and Children's Division

Review date: Dec 2026

Frequency and Time frame: 3 yearly

3. Information for

Information for all Paediatric Medical and Nursing staff

Introduction

All children/young people (CYP) in schools or early year's settings should receive appropriate health care and support for their diabetes. A CYP's diabetes should be managed efficiently while in school ensuring optimal glycaemic control.

School staff must therefore have appropriate training, advice and support from a PDSN/diabetes team member. Training and guidance is given at diagnosis and as required for new schools, ensuring staff updates are offered frequently. The CYP with diabetes should be able to undertake all school activities - Diabetes should not be the cause for being excluded from any type of activity, nor for non-attendance at school or college. (The public sector Equality Duty came into force April 2011 and replaced the Disability Equality Duty.)

The Team follow the Guidance from the Children's and Young Peoples West Midlands Diabetes Network (CYPWMDN) - '**Guidance for the Management of Children and Young People with Diabetes in Education.**' <http://www.cypdiabetesnetwork.nhs.uk/>

This guidance is aimed at enabling the safe management of CYP with diabetes within schools in the West Midlands region through providing general information and direction for all those involved in their care. The document has been developed by a multidisciplinary working party in line with current school guidelines from a variety of sources. The guidance forms part of the management of CYP with medical needs in schools document. These guidelines are evidence based using the best current information/research available. This guidance covers a number of key issues concerning the practical management of diabetes within a school setting as well as the implications of having a child or young person with diabetes in the school environment.

It is recommended that Schools regularly send staff to attend a CYPWMDN Diabetes Awareness Training Day. The dates of the Diabetes Awareness days are emailed to all schools on a regular basis.

2.0 Ensuring the Health Needs related to the Newly Diagnosed Child / Young Person with Diabetes are Met in School

2.1 Role of the PDSN in Schools/Early Years Settings.

The PDSN's are the main co-ordinator of ensuring a CYP newly diagnosed with diabetes returns safely to school and that their education continues in a safe environment while in school. The PDSN also ensures that all school staff are happy and competent at the level of supervision/care required from them in order to maintain their safety.

- At diagnosis the relevant school is informed by parent/carer or the PDSN.
- PDSN informs school nurse of new diagnosis.
- PDSN commences liaison with school and all staff involved in a child's care with an aim to return the child or young person to school as soon as it is safe for the CYP and the staff to do so.
- School staff meetings and training sessions are arranged in order to inform and educate staff in the level of care/supervision that is required by each individual CYP (depending on age and ability).
- Training sessions are undertaken and if necessary the CYP is supervised by a parents/carers while staff collect evidence before PDSN's return to ensure the competency of staff is assessed.
- Phased return to school arranged at a pace that the CYP and the parent/carers are comfortable with.

2.2 Returning to school before staff training is delivered.

If the child/young person returns to school before staff training has been accessed and they are not able to self blood test or inject insulin then parents/carers must be available to support the school until both training has been undertaken and competency assessed.

2.3 Returning to school after staff training has been delivered.

If training has been delivered before returning to school the parents/carers must still be available to support their CYP and school staff. If the CYP is unable to self blood test or inject insulin staff will be required to collect their evidence of delivering care while being supervised by the parents /carers. Parents/carers

continue to support school staff until the staff feel confident in all the processes and have been signed off as 'competent' by a PDSN.

With a CYP who is able to self blood test and inject their own insulin parents/carers are still encouraged to go into school and assist initially and to supervise the care.

2.4 School Care Plans (See Appendix 1)

The PDSN's prepares an **Individual Healthcare Plan (IHCP)** along with the parent/carer for each newly diagnosed CYP with diabetes which is signed and agreed on by PDSN/parents/school. **Individual Healthcare Plans** must be updated annually.

The IHCP's are individualised from the CYPWMDN 'School and Early Years Guidance.' IHCP's are available for MDI/CSII pumps/CGMS etc and contain information on the CYP's:

- Type of diabetes and treatment mode
- Suggested routines
- Blood tests
- Delivering insulin
- Safe Storage of medications
- Sharps disposal
- Hypoglycaemic episodes and their management
- Hyperglycaemic episodes and their management
- Exercise Management

2.5 Diabetes Care Supplies/Equipment required

With support parents/carers prepare an **Hypo' and Spares Box** for school. They are aware that they are responsible for ensuring the school has all the supplies necessary for their CYP's diabetes to be managed safely in school - all these items are listed in the CYP's IHCP.

2.6 School Information Packs for Staff

All Educational settings are given a copy of the CYPWMDN 'Managing **Diabetes in Schools and Early Years Settings**' which provides an overview of diabetes and generic information re care required.

With CYP who are not independent in their diabetes care as well as their IHCP's individualised information is prepared to assist staff.

Information can include:

- Undertaking blood glucose tests.
- Calculation of carbohydrates for school meals etc
- Giving injections and documentation of doses etc

2.7 Risk Assessment

If required the PDSN will assist school staff with the production of relevant Risk Assessments

3.0 Ensuring the Ongoing Health Needs related to a Child/Young Person with Diabetes are met in School

3.1 School Trips and Residential Stays (nights away)

Separate packs and guidance are produced for CYP who are going on School Trips - **School trip Pack** and meetings are arranged to support staff and ensure CYP's safety.

3.2 School visits/Nurse Led Clinics (NLC)

- The PDSN's continue liaison with schools and undertake visits to schools to assist staff and pupils when a new CYP is diagnosed with diabetes.
- The PDSN's have several schools where they hold Nurse Led Clinics.
- If NLC are not held in schools PDSN's aim to visit school annually.
- Visits are undertaken with the CYP and their parent/carer to assist with transition of the CYP with diabetes to middle/secondary schools. If requested information in a short letter can be given by the CYP to teachers who do not know them or that they have diabetes.

3.3 Ongoing School Staff Education

- School staff who have had training and competencies need to be updated and have competencies reassessed annually by PDSN's until the CYP is self-managing their diabetes.
- Following the initial training at diagnosis if/when new staff require training school are encouraged to send staff on a CYPWMDN 'Awareness Training day' Once this day has been attended staff can return to school and work alongside their competent colleagues and collect the required evidence. Once this is done and staff are confident in giving the care required by the CYP. The PDSN will then return to school to assess competence.
- PDSN's will deliver annual generic Diabetes Awareness sessions (1 hour) at senior schools on request for staff on Teacher Training days/inset days etc.
- The Paediatric Diabetes Team will host and support the CYPWMDN School Awareness Training days for school staff across the West Midlands.

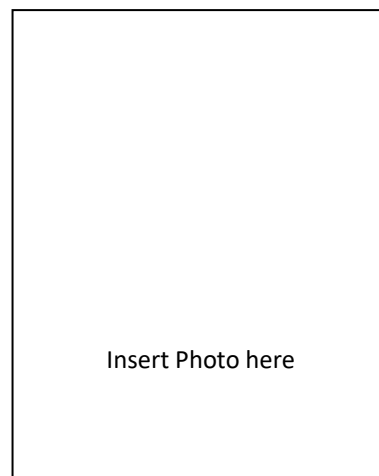
4.0 References/Bibliography

- Making Every Young Person with Diabetes Matter (Department of Health, 2007)
- Supporting pupils at school with medical conditions (Department of Health, 2015)
- Supporting Children and Young People with Diabetes for Nurses in School and Early Year Settings (Royal College of Nursing, 2009)
- Position Statement: Caring for Children with Type 1 Diabetes in Nurseries, (Diabetes UK, April 2016)
- *Making all children matter: support for children with diabetes in school*, (London: Diabetes UK. 2008)
- *Supporting Children and Young people with diabetes. Guidance for nurses in schools and early year's settings*. (London RCN 2013)
- Disability Discrimination Act (DDA) 1995/Equality Act 2010.
- ISPAD Clinical Practice Consensus Guidelines 2009 Compendium: Paediatric Diabetes; Vol 10; Supplement 12.
- ISPAD Guidelines 2014: Diabetes education in children and adolescents
- JDRF Talking T1 Schools Programme www.jdrf.org.uk/schools
- Children and Families Act 2014
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- National Paediatric Diabetes Audit Report 2015-2016 (28th February 2017) HQIP and RCPCH <http://www.rcpch.ac.uk/national-paediatric-diabetes-audit-npda>

APPENDIX 1.

Individual Health Care Plan
Type 1 Diabetes – Insulin Pens

Name:	
DOB:	
School:	
Year Group:	
Date of Plan:	
Review Date:	



Family Contact Information

Name		
Relationship		
Telephone number	Home:	Mobile:
	Work:	
Email		
Name		
Relationship		

Telephone number	Home:	Mobile:
	Work:	
Email		

Other essential contact information

JOB TITLE	NAME	TELEPHONE NUMBER
Paediatric Diabetes Nurse	Jane Humphries	07788416435 01283 511511 Ext 4670
Paediatric Diabetes Nurse		
Diabetes Office no:	Helen Ward	01283 511511 Ext 5680
Consultant	Dr Yarlagadda	Secretaries Number 01283 511511 Ext 4368
GP		
Other relevant Health Professional		
Class Teacher		
School Nurse		
SEND Co-ordinator		
Other Relevant Teaching Staff		
Other Relevant Non-Teaching Staff		
Head Teacher		

Description of condition and details of individual treatment

- has **Type 1 Diabetes**
-’s diabetes is managed with a healthy diet, exercise and insulin injections
- **Insulin injections** are required as follows:

Multi-dose regime i.e. requires insulin with all meals/snacks

- 3 injections a day (no injections in school)
- 2 injections a day (no injections in
- school) Other – please state

- ☐ These injections are needed every day at home and at school.
- ☐ **Blood glucose levels** also need to be tested throughout each day at home and school.
 - will need to attend hospital **clinic appointments** to review her/his diabetes. These appointments are every 3 months as a minimum, but may be more frequent.
 - The Diabetes Nurse may also visit school to see
- ☐ In accordance with **National Guidance**, school staff should be released to attend diabetes training sessions.

Blood Glucose Monitoring

..... has a blood glucose monitor, so they can test their blood glucose (BG). BG monitoring is an essential part of daily management: **THEIR EQUIPMENT MUST NOT BE SHARED AND SHOULD BE AVAILABLE TO THE CYP AT ALL TIMES – NOT LOCKED AWAY.**

- Blood Glucose monitoring to be carried out by a trained
- adult. This child requires supervision with Blood Glucose
- monitoring This young person is independent in Blood
- Glucose monitoring

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- **Hands must be washed prior to the test.**
- Blood glucose testing lancets and blood glucose strips should be disposed of safely.

Target range for blood glucose is 4-8 mmol/l

Usual times to check blood glucose

- are:** Before meals
- Before/ After P.E.
- Other times – please state:.....

Times to do extra blood glucose checks (*tick all that apply*)

When student exhibits symptoms of hypoglycaemia (see page 6-7)

When student exhibits symptoms of hyperglycaemia (see page 7-

8) Prior to mid-morning or mid afternoon snack

Other – please state

Blood ketones levels should be checked if blood glucose levels are above 14mmol/l

Results of any tests taken should be recorded and communicated with the parents if concerned.

Any blood glucose level that is outside of the target range above should be acted upon, following the instructions in this management plan.

Insulin Administration

- Insulin injection to be given at break time before snacks
 - Insulin injection to be given before eating lunch
 - Insulin injections may need to be given when hyperglycaemic (see later)
 - Insulin injections to be given by trained staff
 - Insulin injections to be given by student with supervision
 - Insulin injections to be given independently by student
- Insulin dose varies depending on what is being eaten.
 - An area of privacy and safety should be provided to administer insulin injections.

Insulin Name:	
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At meal times, the child or young person requires variable amounts of quick acting insulin, depending on how much they eat; insulin to carbohydrate ratio (**ICR**) and on what their blood glucose level is - insulin sensitivity ratio (**ISF** or often called a 'correction' dose)

Storage of insulin injections and Blood Glucose Kit

- Insulin to be kept in secure place in the classroom or other, please state:.....
- Insulin to be carried on person, please state:.....
- Blood glucose monitoring kit to be kept in the class room or other, please state:.....
- Blood glucose monitoring kit to be carried on person, please state:
- All sharps to be disposed of in a sharps box
- Spare Insulin to be kept in Fridge, please state where:
- Spare Blood Glucose kit/hypo kits are stored:.....

Suggested Daily Routine

	Time	Notes
Arrive School		
Morning Break		
Lunch		
Afternoon Break		
School Finish		
Other		

Physical Activity

Monitor blood glucose before and after PE/ Swimming – (Individualised)

Blood Glucose level	Action Required
If Blood Glucose below 4mmol/L	Treat hypo as plan (page 6/7) and give follow up snack (10-15g of slow released carbohydrate e.g. cereal bar, piece of fruit, plain biscuit)
If Blood Glucose between 4 and 8mmol/L	Give fast acting carbohydrate at the start of exercise e.g. Lucozade/dextrose tablets
If Blood Glucose between 9 and 13mmol/L	Do not give any fast acting carbohydrate before exercise.
If Blood Glucose above 14mmol/L check for ketones	If Ketones present above 0.6mmol/L then avoid exercise and discuss with the CYP's parents

Hypoglycaemia ('Hypo' - Low Blood Glucose) Management

Blood Glucose: 4 mmol/l or

BELOW Signs and symptoms can include:-

Sweating	Pallor	Slurred Speech
Blurred Vision	Personality Change	Nausea and Vomiting
Trembling	Anxiety	Weakness
Headache	Confusion	Sleepiness

..... may show the following symptoms if their blood glucose is low. If any of these symptoms are displayed check blood glucose immediately.

Individual Hypo Symptoms	
1	
2	
3	
4	

- **Check blood glucose to confirm hypo, and treat promptly (see p7)**
- **Do not move the location of to treat a hypo.**
- Hypos are described as mild, moderate or severe depending on ability to treat him/herself.
- The aim is to treat, and restore the blood glucose level to over 4mmol/L.

A hypo box should be kept in school. Contents of hypo box should

include: Fast acting glucose choice

Glucose Gel

Long acting carbohydrate

- All staff must be aware of where the hypo box is kept.
- The hypo box should be taken with if moving around the school premises.
- **It is parent's responsibility to ensure that the hypo box is adequately stocked.**

ALWAYS TREAT THE HYPO THEN CONSIDER WHAT HAS CAUSED IT:

- Too much insulin?
- ☒ Not eating enough carbohydrates?
- ☒ Missed or delayed meal?
- ☒ Intense exercise?

Hypoglycaemia Flow Chart

(‘Hypo’ or Low ‘Blood Glucose’) Blood Glucose 4 mmol/l or BELOW

Signs and symptoms can include:

Sweating	Pallor	Slurred Speech
Blurred Vision	Personality Change	Nausea and Vomiting
Trembling	Anxiety	Weakness
Headache	Confusion	Sleepiness



Mild Hypo
The child can eat and drink and is cooperative



Step 1:
Treat immediately with **one** of the following:

-Lucozade Original
-Dextrose tablets
-

Step 2:
Retest Blood Glucose 15 minutes later.

Step 3:
If Blood Glucose is still below 4mmol/L repeat **Step 1** and retest Blood Glucose a further 15 minutes later.

Moderate Hypo
The child is conscious but not cooperative



Step 1: Give Glucose Gel as on next page

Step 2: Re-test Blood Glucose 15 minutes later

Step 3: If Blood Glucose is still below 4mmol/L repeat **Step 1** and retest Blood Glucose a further 15 minutes later.

Step 4: Once Blood Glucose is 4mmol/L or above give starchy carbohydrate e.g. 1-2 plain biscuits or a glass of milk or a piece of fruit.

Severe Hypo
The child is *unconscious* and/or having a seizure and so



Step 1: Place child in the recovery position.

Step 2: Ensure the airway is open and that the child is breathing. **DO NOT PUT ANYTHING IN THE MOUTH**

Step 3: Call 999 and Stay with the child while someone waits to direct the ambulance and informs parents.

USING DEXTROSE GEL for MODERATE HYPOGLYCAEMIC EDISODES

- Dextrose Gel may be used if the patient is unable to co-operate with treatment & but is still conscious. It can be swallowed but some will be absorbed through the lining of the mouth.
- Twist off cap and administer a small amount into the pouch of the cheek.
- Remove the tube and massage the outside of the cheek to encourage absorption.
- The child/young person will require the whole tube of Dextrose Gel in small quantities.
- It may take 10-15 minutes before the treatment relieves some of the symptoms of hypoglycaemia.
- Once the child/young person is able to co-operate, glucose drinks and snacks will be necessary to maintain the blood glucose level.

-

DEXTROSE GEL MUST NOT BE GIVEN TO A CHILD WHO IS UNCONSCIOUS – PLEASE CONTACT EMERGENCY SERVICES SHOULD THIS OCCUR.

Hyperglycaemia ('Hyper' - High Blood Glucose) Management

Blood Glucose (BG) 14 mmol/l or ABOVE

This student will show the following symptoms if their blood glucose is high. If any of these symptoms are displayed check blood glucose immediately:

	Individual Hyperglycaemic Symptoms
1	
2	
3	
4	

General advice when managing hyperglycaemia

- If is well there is no need to send him/her home.
- Parents should be informed that has had high blood glucose levels.
- A correction dose of insulin may be required on parental instructions or pre-arranged plan.
- should be encouraged to drink sugar free fluids.
- should be allowed to use the toilet as needed.
- should not exercise if his/her blood glucose level is high (above 14mmols) **and** blood ketones are above 0.6mmol/L

Advice for hyperglycaemia with illness

- If has high blood glucose levels and:
 - Headaches
 - Abdominal Pain
 - Nausea or Vomiting

CONTACT PARENTS IMMEDIATELY

- The young person needs to be taken home.
- Parents need to monitor blood glucose and ketone levels.
- Extra insulin will be required.
- Parents should contact the diabetes team for advice.

Hyperglycaemia Flowchart

('Hyper' or 'High blood glucose') Blood Glucose 14 mmol/l or above

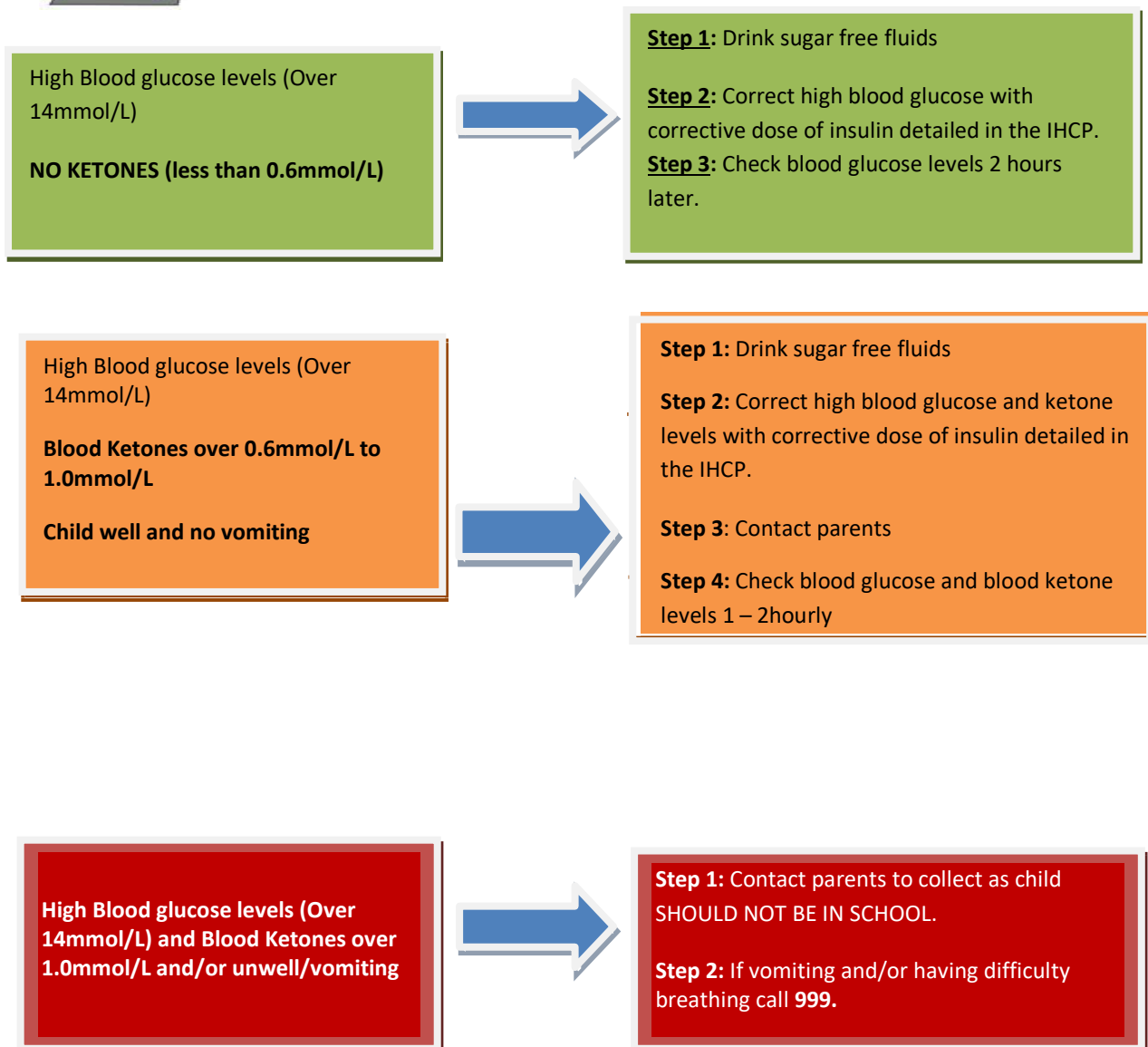
When the blood glucose levels are 14mmol/L and over Ketones must be checked

Signs and symptoms can include:

<ul style="list-style-type: none"> • Excessive thirst 	<ul style="list-style-type: none"> • Passing urine frequently
<ul style="list-style-type: none"> • Tiredness/Lethargy 	<ul style="list-style-type: none"> • Blurred Vision/Headache
<ul style="list-style-type: none"> • Nausea and Vomiting 	<ul style="list-style-type: none"> • Abdominal Pain
<ul style="list-style-type: none"> • Weight Loss 	<ul style="list-style-type: none"> • Changes in Behaviour/Personality



When the blood glucose levels are 14 mmol/l & over Ketones must be checked



SUPPLIES TO BE KEPT AT SCHOOL

- 1 x 3ml Penfill Cartridges of Quick Acting Insulin – to be kept in the fridge

OR

- 1 x Insulin Pen – to take Quick acting insulin in emergencies

☒ 10 x Needles - for insulin pen

☒ Spare meter battery

☒ 1 x spare blood Glucose Meter

☒ 1 pack blood glucose test strips

☒ 1 x spare blood Ketone Meter

☒ 1 pack 10 blood ketone test strips

☒ 1 sharps box

☒ 1 needle remover (if staff are injecting pupil)

☒ Hypoglycaemia Treatment

- 2 x tubes Glucose Gel

- Chosen rapid acting carbohydrate by pupil e.g.

- Glucose tablets
- Lucozade
- Full sugar fizzy drinks
- Fruit juice

- Starchy Carbohydrate snacks for post hypo treatment – eg Digestive biscuits

- Exercise snacks – fast and slow carbs

Additional Information.

- Its parent's responsibility to ensure all supplies are available in schools.
- Insulin doses and volumes for 'Hypo' treatments can be changed at regular intervals, when necessary, it is parent's responsibility to inform school and amend IHCP.
- It is Schools responsibility to inform all pertinent school staff of this student's diabetes and ensure they are aware of the support that they require in school.
- ☒ This student will be required to attend diabetes clinics at the hospital a minimum of every 3 months, (more frequently if there are problems). Appointment letters will be provided.
- ☒ This student will be asked to attend diabetes workshops periodically to increase their knowledge of diabetes and to assess understanding. These sessions will be during school time; s/he needs to be allowed to attend these sessions and will be provided with an appointment letter
- School staff with immediate responsibility will be required to attend a schools diabetes awareness study day – these dates are emailed to schools on regular basis.
- ☒ Where needed, school staff will receive skills training and skills competency assessment by a member of their paediatric diabetes team.
-

I give permission to the school nurse, trained diabetes personnel, and other designated trained and/or competent staff members of to perform and carry out the diabetes care tasks as outlined by this Diabetes Health Care Plan.

I also consent to the release of the information contained in this Diabetes Health Care Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Plan Approved By:	Name	Signature	Date
Young Person			
Parents/ Guardian			
Diabetes Nurse Specialist			
School Representative			
School Nurse			

Who is responsible in an Emergency?

- School staff will take the action detailed above
- Parents should attend school when requested to do so

Form completed by:

Form copied to: School, Parents and Patients Notes