York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Diabetes guidelines for schools, colleges and early years' settings

Information for patients, relatives and carers

Paediatric Diabetes Team

ⓘ For more information, please contact:
York Children's/Young Person's Diabetes Team
Telephone 01904 721317

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Introduction

Education is a cornerstone of childhood and diabetes mellitus should not alter a child's ability to achieve in school (1). However, this is reliant upon appropriate and effective care, not only from parents and carers, but also from other agencies including schools and early year's settings. It is therefore essential that all school staff have an awareness of diabetes mellitus and the needs of the child / young person with diabetes. This document has been written to guide all those involved in the care of a child / young person with diabetes during the school day. This is to ensure their safety, long term wellbeing and optimal academic performance (2).

1. International Society of Paediatric and Adolescent Diabetes (ISPAD 2000). Consensus Guidelines for the management of type 1 diabetes mellitus in children and adolescents.
2. Department of Health (2007). Making every young person with diabetes matter.

Our Philosophy

- It is important that children are supported to manage their diabetes according to the agreed management plan.
- Each child /young person with diabetes will have different care needs, depending on age, ability, and need.
- We believe in collaborative working between all parties to implement these guidelines for all aspects of diabetes care. This includes insulin injections to blood glucose monitoring, food to physical activity and mental health.

Collaborative Working

Collaborative working between all stakeholders is essential to ensure the safety and wellbeing of the child / young person with diabetes in the school or early years setting. Pupils with diabetes will have to attend clinic appointments at the hospital to review their condition. Appointments are typically every three months, but may be more frequent. These appointments do not require a full day's absence from education.

The role of the Diabetes Care Team is to provide support and advice to all groups including:

- The child or young person;
- The parents / family;
- The school and Governing Body;
- The Local Authority;
- Health Child Team.

Individual Health Care Plans

The Individual Health Care Plan (IHCP) is a document compiled by the child / young person's diabetes healthcare team and their parents / carers, to identify the needs of that child during the school day. This plan should be provided after a child has been diagnosed with diabetes and should be reviewed at regular intervals. Training should always involve the child / young person, their parents or carers as they are the people who know the child. They will know how the diabetes affects them in more detail than the health care professionals (Diabetes Care Team or Healthy Child Team).

Staff Administering Medication

Anyone caring for children and young people, including teachers and other school staff, have a "common law duty of care" to act like any reasonably prudent parent. School staff need to ensure that their pupils are healthy and safe and in some circumstances this can also include administering medication. Whilst the child is in the care of school staff, care and support is required when administering medication. This duty of care also extends to school staff leading activities that take place away from the school setting such as day trips, sports matches and residential visits.

Many Local Authority policies are based on the DFES document **'Supporting pupils at school with medical conditions'**. It provides details on Individual Health Care Plans, how to identify the pupil's needs and how they will be fulfilled. Schools and staff should be covered by the Local Authority / individual school public liability insurance if something went wrong, provided staff have followed their Local Authority guidance and the child's Individual Health Care Plan, and have received the appropriate training.

Roles and Responsibilities

Looking after a child / young person with diabetes during school hours is not the sole responsibility of one individual, but is a collaborative approach from a number of people, each with a series of roles and responsibilities, which are defined below…

Parent / family

- Provide school with up-to-date, sufficient information;
- Inform appropriate person if care plan needs amending;
- Ensure appropriate food & equipment are supplied;
- Review the guidance in place on a regular basis with the school setting;
- Have responsibility for the child's health and ensure that the child is well enough to attend school. If the child is acutely unwell, they should remain at home.

Child / young person

- Comply with the individual Health Care Plan (HCP);
- If appropriate, carry diabetes kit safely;
- Where appropriate, assist with diabetes supplies management.

School/ School governing body

- Have a 'common law duty of care'= to act in the same manner as a responsible parent;
- Must not treat a child / young person with diabetes less favourably;
- Must make 'reasonable adjustments' to ensure child is not disadvantaged (Equality Act 2010);
- Ensure they have sufficient members of support staff trained in medicines management;
- Provide agreed school policy with Governing Body for managing medicines in school;
- Inform parents / carers if diabetes supplies management run low;
- Where appropriate, assist with diabetes supplies management;
- Contact insurance provider to ensure appropriate indemnity for all appropriate diabetes care;
- Ensure local serve provision adheres to current OFSTED guidance including equality, diversity and safeguarding.

Local authority/ Council

- Employer should provide written evidence of confirmed insurance cover for those who provide specific medical support;
- Assist with resource management for those children /young people deemed in need of additional funded medical support in school.

Diabetes Care Team

- Inform school nursing service / health visitor as soon as a child is diagnosed;
- Provide advice, support and “where necessary” training to schools and early years settings;
- Provide initial HCP; update if clinical changes occur;
- Provide all schools with up-to-date resources.

School Nurse/ Health Visitor

- Act as a point of contact in the education environment with the help of parents/ family;
- Work alongside the diabetes team to ensure sufficient staff have appropriate training in medicines management;
- Review and update HCP as necessary in discussion with parents / carers and diabetes team;
- School nurse involvement may vary from area to area.

What is Diabetes Mellitus?

Diabetes is a life-long condition that affects approximately one in 1000 children. Effective management of this disease is vital in order to reduce the risk of developing long-term complications such as blindness, kidney failure and nerve damage. In general there are two types of diabetes…

Type 1 diabetes

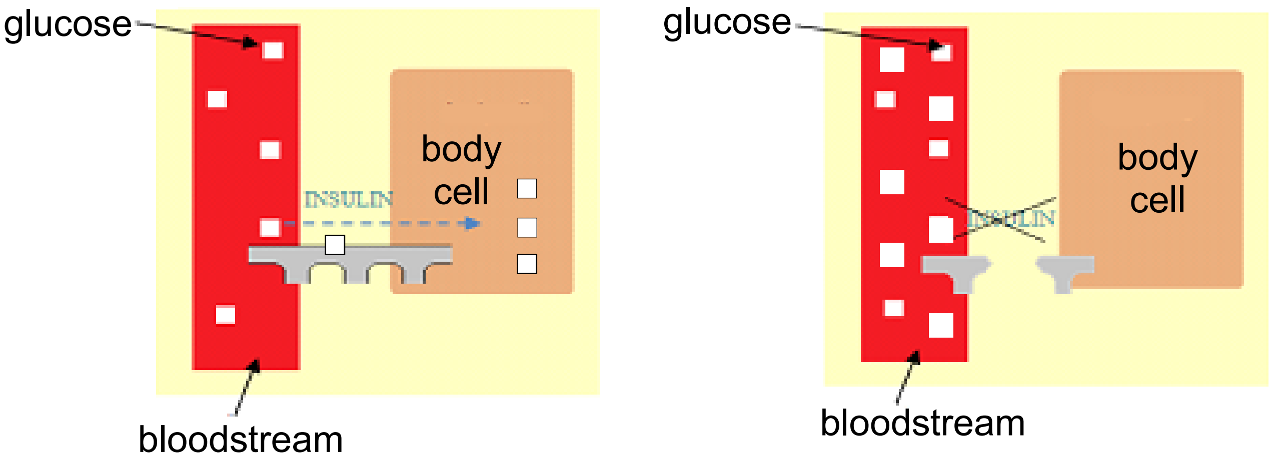
Type 1 diabetes accounts for 99% of cases of diabetes in children and young people. It is an auto-immune condition where the body has killed off the cells in the pancreas that produce insulin, a hormone that helps regulate the body's energy and glucose supply. It requires regular injections or a pump to replace the insulin in order to stay alive.

Type 2 diabetes

A small number of children have Type 2 diabetes, but it is more common in adults because of obesity and a more sedentary lifestyle.
Insulin is still produced; but is inefficient. Initial management is therefore with diet, lifestyle changes and tablets, and sometimes injections.

What happens in diabetes?

The body requires energy to perform its normal functions. This energy is usually made from glucose and is obtained from the food that is eaten. The food is broken down in the stomach into glucose and this glucose is absorbed into the bloodstream. It is transported around the body to be used by the cells in making energy. In order for the glucose to enter the cell where it can be transformed into energy, insulin is required. As the level of glucose rises in the blood, usually following a meal, the amount of insulin that is released is increased, allowing more glucose to be moved into the cell, maintaining the blood glucose level at a constant rate.



What happens in a person without diabetes

What happens in a person with diabetes

Fig. 1: the physiology of diabetes

In a person with Type 1 diabetes mellitus, the insulin is not present so the glucose level in the blood constantly rises, causing the body to employ a range of compensatory mechanisms, which try to provide the body with energy.

The symptoms of diabetes

The symptoms of undiagnosed diabetes are shown below. If the condition is left untreated or not managed effectively, then the same symptoms will recur:

- extreme thirst
- passing lots of urine

- losing weight
- tired / lethargic
- abdominal pain

- dehydration
- generally unwell

The symptoms shown are the body’s attempt to rid itself of the excess glucose in the bloodstream and to make additional supplies of energy from body fat. However, this alternative system of producing energy releases substances which, if left to build up, change the blood chemistry and ultimately can be fatal if not treated.

How is diabetes treated?

Treating diabetes depends upon the type of diabetes diagnosed (as mentioned above). However, both types do also share some similarities listed below.

Fig. 2: Management of type 1 and type 2 diabetes mellitus

Type 1	Both	**Type 2**
Multiple insulin injections or insulin pump. Blood glucose monitoring at least four times a day. Carbohydrate counting.	Healthy eating. Frequent clinic follow-up. Regular exercise.	Tablets or liquid medication or injections. Blood glucose monitoring infrequently. Weight management.

Insulin injections

- Insulin needs to be injected as it would be destroyed by the stomach acid if it was taken by mouth.
- Most children inject with a pen device and very small needles making it less painful and easier to do.
- Children require injections of rapid-acting insulin whenever they eat a meal or large snack, so children will require an injection during school hours.
- Many children adjust the dose of insulin needed; depending upon the current blood glucose level and the amount of carbohydrate in the meal they are eating.
- Injection sites commonly are the outer thigh, abdomen, upper buttock and upper arm (If enough flesh to inject).

Insulin pumps

- An insulin pump of which there are different types, which continually delivers insulin through a small tube sited just under the child's skin. There is a tubeless pump and pumps with tubes. (Diabetes nurse and parents will deliver training if required).
- Extra insulin can be delivered with food (meals and snacks) and/or when the blood glucose level is high (correction dose).
- The insulin pump is programmed to calculate the insulin dose required.
- Some insulin pumps can also continuously monitor the child's glucose level, alarming if set targets are breached.

Injecting at school

Children will require an injection of insulin during school hours, before lunch (details will be documented in the child's IHCP). Older children will usually be able to do this independently. However, some children will need supervision to ensure that the correct technique is used to give the correct dose. Younger children may need staff to give the injection. **The child or young person's Individual Health Care Plan should detail their needs.** If staff are required to give injections, full training should be given by family / carers, health care professionals or an insulin pump health care specialist. Some children will require a quiet room set aside to perform this while others are able to perform this safely in a public space.

Injection technique

Where appropriate, the paediatric diabetes nurse will train staff how to do insulin injections. The insulin is injected into the fat just under the skin and as long as the skin is not dirty, there is no need to wash the area you are injecting into. It is advised not to inject through clothes.

The sites recommended for injections are:

- The top and side of the legs.
- Abdomen.
- Buttocks.
- Upper arms in older teens and adults.

It is important to make sure that different areas are used for each injection. If the same site is used too often, the area will become lumpy and thick, preventing the absorption of insulin.

Insulin pen devices

The nurses will show staff how to prepare the insulin pen for injection. Remember to do an “air shot” of 2units to prime the needle before the injection. It is advised to remove the needle after each injection, using a fresh one each time.

Doing the injection

The nurse will show staff how to hold the area that is to be injected. It is important that two members of staff check and agree on the dose that has been dialled up. Once the insulin has been dialled up, the needle is pushed into the skin at 90 degrees (right angle), and the plunger is pressed in as far as it will go. Once the insulin has been delivered, it is advisable to keep the insulin pen in position for the count of 10 so that the full amount of insulin has been delivered and to reduce any leakage.

Blood glucose monitoring

Blood glucose monitoring is essential to ensure that the diabetes is being managed effectively. This prevents high blood glucose levels (hyperglycaemia) and low blood glucose levels (hypoglycaemia). In order to reduce the risk of developing the long-term complications of diabetes such as blindness, kidney failure and limb amputation, the blood glucose needs to be kept within the **target range of 4 – 7mmol** as much as possible.

This can be very difficult to achieve in the under 5 age group, in young people during puberty, after a meal, and during periods of stress and anxiety.

Some Children and Young People may be wearing CGM – Dexcom. Libre 3 or Medtronic. The diabetes nurse will discuss this at diabetes training sessions. Parents will also have an input and help support schools with technology.

Freestyle Abbott Libre: A child may be using the Libre system to monitor blood glucose levels. This involves the child wearing a sensor on the back of their upper arm and when a blood glucose measurement is required, scanning the sensor with a reader.

- It can be scanned anytime and as many times as required.
- It has a glucose trend arrow alerting you to make adjustments.
- If the blood glucose level is out of range, a finger prick test is required
- It can be scanned through clothing.
- Parents or the child’s diabetes team will provide some training.

Common times to test

- Before lunch: many children / young people will decide upon the dose of insulin required, depending upon the blood glucose level and/or the carbohydrate amount about to be eaten.
- Before P.E / Sport: to determine whether any additional carbohydrate is needed before or during the activity session. The ability to test the blood glucose level at any point during the activity is essential to maintain their safety.
- **The blood glucose monitoring kit must be taken with the child if participating in sport off-site or away from the school building.**
- When the child / young person is displaying or complaining of the signs of a low blood glucose level (hypoglycaemia).
- When the child feels unwell.
- At other times when discussed with the parents / carers, such as during exams.

Important points to remember…

- Not all children are able to test their own blood glucose level, therefore training will initially be required from **parents / carers** and health care professionals to support school staff in undertaking this task.
- The blood testing kit should be kept in the classroom/with the child for the health and safety of the child.
- Older children should be allowed to carry their own blood glucose monitoring equipment for their own use.
- Sharps and used strips should be disposed of according to the school's local policy. A sharps container should be available from the child's family via their GP for safe disposal.
- Testing blood glucose levels too soon after injecting (or eating) will provide little usable information. Testing should therefore be at least two hours after injecting unless the child is complaining of feeling unwell, or directed to for a specific reason in the HCP.

Tips for successful testing

- Hands should be washed in warm water and dried thoroughly. This will remove any substance that may interfere with the test, and ensure hands are thoroughly dry. If it is expected that you are not going to be able to access hand washing facilities, pack a wet flannel in a plastic bag to wipe the fingers. It is best not to use wet wipes or alcohol rub as these can alter the blood glucose result.
- Prick the side of the finger with the finger pricker.
- Don't immediately squeeze the finger, but hold the hand down below the waist for about 5 seconds.
- Apply the blood to the test strip and wait for the result.

Problems associated with Diabetes

Hypoglycaemia

Hypoglycaemia (or a hypo) is when the blood glucose level drops too **low**. For most children and young people this level is **below 4mmol**. When glucose levels are kept in a healthy range, it is normal for a child with diabetes to experience some hypos.

Hypos can happen rapidly and, if left untreated, can lead to unconsciousness and seizures. Hypos tend to happen when a child has been very active, has had too much insulin or not enough carbohydrate to eat. Whenever a child / young person feels any symptoms or displays any signs of hypoglycaemia, **a blood glucose test should be performed prior** to the appropriate treatment being given (according to the HCP).

Warning signs

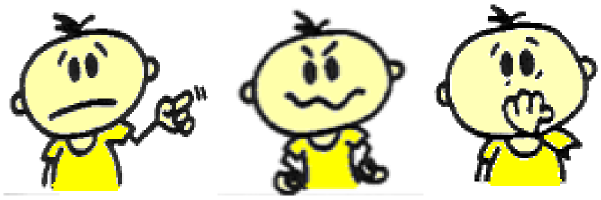
The symptoms vary for each child but generally include:

Mild signs and symptoms -

sweaty **shaky** **pallor**

hunger, fast heart rate / palpitations, tingling or pins & needles in fingers, toes or around lips.

Moderate to severe signs and symptoms -



moody **aggressive** **quiet**

anxiety, irritability, glazed eyes, vagueness, drowsiness, lack of concentration, inability to perform simple tasks, seizures, loss of consciousness.

Treatment

The treatment of hypoglycaemia should be immediate to prevent the episode deteriorating. The hypo should be treated wherever it occurs; including the classroom settings in secondary schools. Walking any distance will use up more energy and can lead to deterioration including collapse. This should happen even when there are no symptoms but a meter reading indicates that a hypo is occurring.

The child / young person's HCP will document what treatment is required, but this will consist of eating or drinking rapid acting glucose such as sugary drink, fresh orange, dextrose tablets or glucose gel, to rapidly raise the blood glucose level. **It is important to recheck the level after 15 minutes and to repeat the process if the level has not risen above 4mmol.** Children will require longer acting carbohydrate following this initial treatment if their next snack or meal is more than an hour away. The child's glucose level should generally respond within 15 minutes, but their cognition may be affected for a couple of hours afterwards, particularly if the episode was of moderate severity.

Hyperglycaemia

Hyperglycaemia (hyper) is an episode of a high blood glucose level. This can be caused by too little insulin, too much food, stress or illness. These episodes tend to happen over a few hours, and if left untreated for a prolonged period of time, can deteriorate into a potentially fatal condition called **diabetic ketoacidosis** or **DKA**. Regular blood glucose monitoring and giving additional insulin to correct high blood glucose levels can prevent this from occurring. For the majority of children and young people, a blood glucose level of 13.9 mmol or greater is considered to be hyperglycaemia.

Warning signs:

The symptoms vary for each child but generally include:

thirst

frequent passing of urine

lethargy

Treatment

The treatment of hyperglycaemia is very individual depending upon the child / young person, the cause and their insulin regimen. Specific details regarding its treatment and whether any additional insulin is required, should be discussed with parents at the time of the event. It is important that any child with a high blood glucose level should be allowed to drink water and go to the toilet as often as necessary.

If the child is using an insulin pump, a check should be made to ensure that it is still connected to the child / young person and that the pump is still working.

High blood glucose levels **and** illness at school requires immediate action and should be documented on the child / young person’s HCP. Parents should be contacted at this point. If in any doubt ring 999.

Important points to remember…

In episodes of prolonged and un-treated hyperglycaemia, a child / young person may develop **ketones** – a substance that can build up in the blood, changing its chemistry and leading to **DKA**. The presence of ketones can be indicated by a ‘pear drop’ or acetone scent to the child’s breath, which can be detected by some people. If this is detected contact parents / carers immediately for advice. In some cases, it may be necessary to perform a blood ketone test, which is carried out in a similar way to blood glucose monitoring and would be performed at home.

Food and Diabetes

Due to more intensive and effective diabetes management, children and young people with diabetes are now encouraged to follow a normal healthy diet that is encouraged for every child / young person.

Children with diabetes are able to have either a packed lunch or a cooked school meal. For all children / young people with diabetes, eating carbohydrate at mealtimes is essential (unless documented in their HCP) to maintain blood glucose levels. Slowly digested carbohydrates help to maintain more stable blood glucose levels and should be eaten at each meal. These foods include: wholegrain bread, potatoes, rice, pasta, milk, milk products and fruit. Foods containing glucose such as sweets, drinks and sweet puddings will act more rapidly, but these are not excluded. Where possible, sugar-free alternatives such as squash, diet drinks and sugar-free jelly are encouraged to prevent sudden increases in blood glucose levels.

Important points to remember…

- Many children and young people who need injections at lunchtime or use insulin pumps, need to calculate the amount of carbohydrate that they have eaten so they can inject the appropriate dose of insulin. Many young people can independently ‘count carbs’, but younger children will need help doing this or will have their food supplied by the family with the carbohydrate content already calculated (e.g. by supplying a packed lunch). Guidance will be documented on their HCP as to how to calculate the insulin dose according to the carbohydrate eaten.
- Some children will use a meter and an app, which calculates the insulin dose required for their lunch or snack, depending upon the child’s blood glucose level and carbohydrate intake. The guidance given by this meter should be followed unless stated in the child’s HCP.
- Treats such as birthday cake and biscuits should be given to the child / young person when everyone else is having them – inform parents at the end of the day. Special ‘diabetic’ foods are not recommended as they are expensive, high in fat and, if eaten in large quantities, can cause diarrhoea.
- Young children may require some supervision at lunchtime to ensure that they eat their lunch and do not swap it with others.

PE, Exercise and Diabetes

Physical activity is vital for all children and young people; this is also true for children and young people with diabetes. Exercise of any kind increases the use of energy and therefore children / young people with diabetes are likely to see a drop in their blood glucose level, but sometimes it may also cause an increase in the blood glucose level. Therefore, the child / young person may need additional carbohydrate before, during or after sport (or a reduction of insulin prior to the event). This should be documented on their HCP. It is important to note that for some children / young people, exercise also includes running around at break time or long periods of walking between classrooms.

Pupils with diabetes should check their blood glucose level before exercise, particularly if they are going swimming, or the activity is strenuous or prolonged (more than 45 minutes). High blood glucose levels (above 13.9 mmol) may make it dangerous for some children to participate in certain activities – this will be documented on their HCP.

It is important that all PE staff know the signs and symptoms of hypoglycaemia and how to treat it. It will also be necessary for staff to carry 'hypo treatment' out to the lesson at all times.

Important points to remember…

- Children and young people should be encouraged to test their blood glucose level before taking part in PE and activity.
- The child's IHCP may indicate an ideal blood glucose target range in which the child / young person can safely take part in the activity.
- All children / young people with diabetes should have swift access to hypo treatment no matter where the activity is taking place.
- For young children, the teacher or support staff should be responsible for ensuring this.
- Children and young people using an insulin pump may need to disconnect the device during the activity and reconnect once finished. The pump should be stored in a secure place if disconnected. This may need to be checked by a member of staff and should be documented in their IHCP.
- The IHCP will document whether the child / young person will require additional carbohydrate via food or drink. This may be related to their blood glucose level or may be a 'fixed' snack.
- Some children will need an adjustment to their lunchtime insulin dose depending on when the activity session is – this will be documented in their IHCP.

Day Trips and Residential Visits

Diabetes should not prevent a child from going on school or residential trips. Full participation and opportunities in all academic, social and sporting activities should be encouraged as development of self-esteem and confidence in such activities can have positive effects on the management of diabetes. (ISPAD, 2000)

Trips are an important part of school life and for many children these activities can increase their excitement and activity levels! Careful planning along with the family is essential for the trip to be successful for all parties, no matter whether it is a few hours or a week away in another country. As soon as a child / young person is known to be attending a trip, the planning process with the family (and where necessary the diabetes care team) should begin.

Important points to remember…for day trips the school should:

- Provide a plan for the day for the parents / carers. This should include times of arrival and departure, and the likely activities during the day.
- Ensure a risk assessment is carried out by the school and appropriate action taken.
- Identify at least one key worker that the child / young person and their parents / carers can liaise with both before and during the trip.
- Provide an emergency contact number for the parents / carers for the day.
- Ensure a copy of the HCP is reviewed and taken on the trip.

Important points to remember… for residential visits the school should:

- Provide a plan for the trip, including itinerary, meal plans etc.
- Ensure a risk assessment is carried out by the school and appropriate action taken.
- Identify at least two key workers that the child / young person and their parents / carers can liaise with both before and during the trip.
- Additional training may be required for the overnight care of a child / young person with diabetes. Make certain that these training needs are identified and discussed to allow plenty of time to ensure an adequate number of staff are trained and supported.
- For younger children, it may be advisable for contact to be made with the parents / carers each evening to review the day and highlight areas of concern.
- Ensure a copy of the HCP is reviewed and discuss its adaptation with parents to include evening and overnight care, and taken on the trip.
- A meeting with the diabetes team and parents is generally advised.

Early Years Settings

Young children with Type 1 diabetes pose a set of unique challenges for carers for a number of reasons. These include their inability to recognize signs of hypo or hyperglycaemia, their fluctuations in activity and food intake, and their fluctuating emotional state, which can have an effect on their blood glucose levels.

Important points to remember…

- A pre-school child will require more supervision during activities, especially active ones, as they are less likely to recognize any warning symptoms of hypoglycaemia.
- Children in this age group are less likely to recognize and act upon the warning signs of both hypo- and hyperglycaemia. Therefore, more blood glucose testing may be required, especially if the child is new to the environment. If in doubt, a blood glucose test can easily help staff decide whether action to treat a diabetes related problem is required.
- The provision of mid-morning and mid-afternoon snacks should be discussed with parents. It is very difficult in this age group to achieve the blood glucose target range at all times – excitement, stress, and anxiety can cause fluctuations that cannot be prevented.
- Activity that could cause the child's blood glucose levels to drop is not limited to scheduled PE lessons and activities, but can also include running around during break times and active play. The child's parents / carers will be able to advise on which types of activities are more likely to cause a drop in blood glucose level and therefore pose a risk of hypoglycaemia. Rainy playtimes will often make the blood glucose level rise as the child is not as active and this needs to be taken into account.
- Liaise with the parents /carers about snack times, as some children will require food with no carbohydrate, whereas others will require additional insulin when eating / drinking carbohydrate at snack times. These will be documented on the HCP.
- Assign a 'diabetes coordinator' in the early years setting to ensure appropriate risk assessment, training and documentation is carried out.
- Contact the child's health visitor (up to their fifth birthday) for advice and support as well as contacting the diabetes care team.

Storage of medication and supplies

It is the **family's** responsibility to ensure that there are enough supplies of insulin, pen needles, blood glucose (and ketone) monitoring supplies, hypo treatment and snacks for their child. Regular communication between the school and family may be required in order to maintain sufficient supplies of all items. A box of diabetes supplies, to keep the majority of items together, is a useful idea.

All students should have access to their blood glucose monitoring kit, hypo treatment and medication at all times – this should be discussed with the school and documented in the HCP.

Insulin:

- The insulin in use should be stored at room temperature and should only be used for 28 days before being replaced.
- Any spare insulin that is not in use should be named and stored in a fridge, in a secure safe place (e.g. medical room).

Pen needles and spare monitoring equipment:

- Should be stored in a safe place, but the child should have immediate access to the supplies as required. Safety needles should be used if staff assist the child to inject.

Hypo treatment and snacks:

- Should be accessible at all times as required. Every child and young person should be allowed to treat a hypo wherever it occurs including the classroom. These are usually carried by the young person and in primary schools supplies should be kept in the classroom.

Glucagen:

- This is an emergency injection to correct a severe episode of hypoglycaemia when the child has lost consciousness.
- Some school staff are trained in how to use this injection. However, many schools do not have the training to administer this, but store in case of emergency, for use by parents / carers / or emergency ambulance staff.

Local Authority, Governance and Insurance

Supporting Pupils at School with Medical Conditions (2014)

States that:

- It is for Local Authorities, schools, academies and governing bodies, settings and management groups, to work out their own policies in the light of statutory responsibilities and their own assessment of local needs and resources.
- Local Authorities, schools, academies, and other employers should consider the issue of managing the administration of medicines and supporting children with more complex health needs as part of their accessibility planning duties.
- Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with support. However, staff may need to take extra care in supervising some activities. This is to make sure that these children, and others, are not put at risk.
- Anyone caring for children, including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. This duty of care can extend to administering medicine and taking action in an emergency. This guidance also extends to staff leading activities taking place off site, such as visits and field trips.

The SEN and Disability Act (SENDA, 2001)

This covers all areas of school and early year's settings and advises that:

- Since September 2002, schools and academies have been under a duty to make reasonable adjustments to ensure that disabled pupils are not put at a substantial disadvantage in comparison to those who are not disabled.

In summary:

Local authorities / employers should fully indemnify all members of school staff through their insurance scheme against claims for alleged negligence providing that they:

- Education Authority staff should be released to attend the necessary Diabetes training by an appropriately qualified health care professional;
- Are acting within their scope of duties;
- Have followed documented procedures such as those in this guidance;
- Have maintained their competence by regular practice of the skills taught.

Further Information and Resources

- Juvenile Diabetes Research Foundation (JDRF)
  http://jdrf.org.uk/schools_packs/schools-e-learning-module
  classroom toolkit and information for primary and secondary schools.

- Diabetes UK
  www.diabetes.org.uk
  information for schools

- www.medicalconditionsatschool.org.uk
  documentation and templates for common chronic conditions, including diabetes, in schools.

- www.teachernet.gov.uk/publications

- Managing Medicines in Schools and Early Years Settings
  https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-1448-2005

- Supporting Pupils at School with Medical Conditions (2014)
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

- Disability Discrimination:
    - http://www.diabetes.org.uk/Guide-to-diabetes/Living_with_diabetes/Discrimination/
    - http://www.equalityhumanrights.com/uploaded_files/EqualityAct/schools_nsg_3.doc
    - http://media.education.gov.uk/assets/files/pdf/e/equality%20act%20guidance%20february%202013.pdf
    - http://www.equalityhumanrights.com/advice-and-guidance/education-providers-schools-guidance/key-concepts/reasonable-adjustments/
    - https://www.digibete.org

[Websites Accessed January 2023]

KINDNESS
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EXCELLENCE

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West Hertfordshire Hospitals NHS Trust

Helen Taylor
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Dr. Heather Mitchell
West Hertfordshire Hospitals NHS Trust

Jane Calver
Suffolk County Council

Simon Mitchell
Diabetes Community Relationship Manager
JDRF

Kate Wilson
Network Manager

Vicky Surrell
Hinchingbrooke Health Care NHS Trust

Julie Wright
James Paget University Hospitals NHS Foundation Trust

Mandy Stevenson
The Princess Alexandra Hospital NHS Trust

Dr. Binu Anand
West Suffolk NHS Foundation Trust

Dr. Nadeem Abdullah
Cambridge University Hospitals NHS Foundation Trust

Jayson Shaw
parent

Therasa Earl
The Peele School, Lincs.

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If you found this information useful and have any comments or queries please contact a member of the Paediatric diabetes team on
01904 721317