GORDON'S SCHOOL

TYPE 1 (INSULIN DEPENDENT) DIABETES POLICY

The core principle that guides everything we do is **Putting Students First**

1. Introduction

Diabetes is a common life-long health condition. There are 3.3 million people diagnosed with diabetes in the UK and an estimated 590,000 people who have the condition, but don't know it. In the UK, more than 1 in 20 people are thought to have either diagnosed or undiagnosed diabetes. About 90% of those affected have type 2 diabetes, with the remaining 10% having type 1 diabetes. Type 1 Diabetes is the most common type of Diabetes found in children.

The amount of sugar in the blood is controlled by a hormone called insulin, which is produced by the pancreas (a gland behind the stomach). When food is digested and enters your bloodstream, insulin moves glucose out of the blood and into cells, where it's used as energy.

However, if you have diabetes, your body is unable to break down glucose into energy. This is because there's either not enough insulin to move the glucose, or the insulin produced doesn't work properly.

2. Hypo-glycaemia (low blood glucose/sugar)

If you have diabetes, your blood glucose/sugar levels can become very low. This is known as hypo-glycaemia (or a "hypo").

In most cases, hypo-glycaemia occurs as a result of taking too much insulin, not eating, exercising very vigorously or drinking alcohol.

Symptoms of a "hypo" include:

- feeling shaky and irritable
- sweating
- tingling lips
- feeling weak
- feeling confused
- hunger
- nausea (feeling sick)

3. Hyper-glycaemia (high blood glucose/sugar)

If you have Diabetes, your blood glucose levels may become very high. This happens because there's insufficient insulin to move glucose out of your bloodstream and into your cells to produce energy.

If your blood glucose levels become too high, you may experience hyper-glycaemia. The symptoms of hyper-glycaemia are;

- extreme thirst
- a dry mouth
- blurred vision
- drowsiness
- a need to pass urine frequently.

Consistently high blood glucose levels can lead to a condition called diabetic ketoacidosis (DKA). This happens when a severe lack of insulin means the body cannot use glucose for energy, and the body starts to break down other body tissue as an alternative energy source. Ketones are the by-product of this process. Ketones are poisonous chemicals which build up and can cause the body to become acidic – hence the name 'acidosis'. DKA is a life-threatening emergency. Hospital admission and treatment is essential to correct the life-threatening acidosis. Treatment involves closely monitored intravenous fluids, insulin and glucose.

The most likely times for DKA to occur are:

- At diagnosis. (Some people who do not realise they have Type 1 diabetes do not get diagnosed until they are very unwell with DKA.)
- When you are ill.
- During a growth spurt/puberty.
- If you have not taken your insulin for any reason.
- DKA usually develops over 24 hours but can develop faster particularly in young children.
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4. Treatment

Type 1 Diabetes can't be cured, but treatment aims to keep blood glucose levels as normal as possible and control the symptoms, to prevent health problems developing later in life. People with Diabetes are looked after by a Diabetes care team for specialist treatment and monitoring.

Treatment is a balance of insulin injections, diet and activity. Periods of sickness, stress, change in levels of physical activity and other factors will have a bearing on a diabetic person's blood sugar control.

Insulin injections come in several different forms, with each working slightly differently. Some last up to a whole day (long-acting), some last up to eight hours (short-acting) and some work quickly but don't last very long (rapid-acting). Usually a person with Diabetes will use a combination of different insulin injections.

Alternatively, some people with Type 1 Diabetes can use an insulin pump. An insulin pump is a small electronic device, about the size of a mobile phone, which is attached to the person via a thin tube and small plastic needle called a cannula. Insulin is delivered from a reservoir inside the pump. The pump is pre-programmed to deliver insulin continuously or can give extra insulin when needed (a bolus).

5. Management in School

- It is the parents' or guardians' responsibility to notify the school if their child has diabetes. Full details are required including the child's daily care requirements, specific emergency procedures and the name and dosage of all medication prescribed.
- All students with diabetes must carry their blood sugar testing kit and 'hypo' kit (jelly babies, Dextrotabs) with them at all times.
- Back up supplies of routine medications must be provided to the School Medical Centre for safe storage (medical fridge available).
- The School Medical Centre produce a photo chart of students with diabetes from the information provided by parents, which is available to all school staff on the school intranet, and displayed in the key areas around School.
- The School Nurse will create an Individual Health Care Plan (IHCP) for each student with Type 1 Diabetes. The IHCP is saved on SharePoint, printed in the Medical Folder in each House and included in the school trip packs given to teachers leaving the school site.
- The medical centre will issue a 'Green card' to the Student. This green card can be shown to a member of Staff to prompt/notify them of their condition. Students must only be allowed to leave

the classroom after showing their card **if well and chaperoned by another.** Teacher to call Medical centre 3333 or 999 in event of emergency.

- Parents may be involved in risk assessments and management plans.
- The School Nurse will inform the Head of Catering of any students with Type 1 Diabetes.
- Children with diabetes are encouraged to participate fully in P.E. Students are advised not to take part in physical activities without their blood sugar testing kit and 'hypo' kit with them at all times.
- Parents or guardians are politely asked to inform the school if their child has been unwell with unstable diabetes or any other condition that is likely to affect their diabetes, particularly if they have required hospitalisation.
- Diabetes awareness training will be given to nominated members of staff when required (i.e., prior to a school trip).

6. Individual Health Care Plans

Each student with Type 1 Diabetes will have an Individual Health Care Plan (IHCP) in place for them. It will be written by the School Nurse and agreed with the student and their parent and/or guardian.

The IHCP will include specific information regarding the student's daily routine and care requirements, medication regime and equipment requirements. It will also state extra precautions and any reasonable adjustments to be observed regarding Sport and PE, trips out of school and exams/assessments.

Emergency contact details will also be included on the IHCP. Parents and/or guardians are politely asked to contact the school Medical Centre with updated contact details as required.

7. What to do in an emergency

<table>
<tr><th><u>TREATMENT OF HYPOGLYCAEMIA</u>

Low blood sugar (less than 4mmols)</th><th><u>TREATMENT OF HYPERGLYCAEMIA</u>

High blood sugar (more than 10mmols)</th></tr>
<tr><td>Sit the casualty down and reassure them</td><td rowspan="2">This may develop over a number of days.

Drink plenty of water and refer to medical staff.

If the casualty is unconscious place in recovery position and call emergency service (999).</td></tr>
<tr><td>If able to swallow properly, give them sugary drinks (not diet) or high sugar food, i.e. jelly babies, dextrose tablets.

If drowsy, rub Glucogel on the inside of their cheeks. (If prescribed, Glucogel wiil be held by the Medical Centre and student's Boarding House)

Re-test their blood sugar 15 minutes after their sugary snack/drink.</td></tr>
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Inform the Medical Centre staff or Nurse On Call.	
Monitor their breathing and reassure the casualty.	
If there is no improvement call emergency services (999).	
If they become unconscious, put the casualty in the recovery position and monitor the airway. Do not put anything in the casualty's mouth. Dial 999 and call an ambulance.	

Julie Unsworth
Lead School Nurse

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