NHS
Worcestershire
Acute Hospitals
NHS Trust

Supporting Children with Diabetes in School

Key Document code:	WAHT-TP- 045	
Key Documents Owner:	Dr West	Consultant Paediatrician
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	26th March 2021	
Date of review: **This is the most current version and should be used until a revised document is in place**	26th March 2024	

Key Amendments

Date	Amendment	Approved by
26th March 2021	Approved with no amendments	Paediatric QIM

Supporting Children with Diabetes in School Joint document Worcestershire Acute Hospitals Trust and Worcestershire County Council

Updated March 2018

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on behalf of the Worcestershire Countywide Children's Diabetes Team

Contents

Philosophy for Children with Diabetes in School

Education is an essential part of a child's life.

Diabetes is a complex condition, which can affect or be affected by almost all daily activity.

Appropriate diabetes care in the school setting is essential for the child's immediate safety, long term well being and optimal academic performance.

We recognise there needs to be collaborative working between the child, family, school and the diabetes team.

We recognise the importance of providing the best up to date treatment, delivered to the highest standard.

We will strive to support a school setting which prioritises the child's immediate safety, long term well being and academic performance.

We will act as the child's advocate wherever necessary.

We acknowledge collaborative working will support the schools day to day management of diabetes with respect to insulin injections, monitoring of the condition, food, physical activity and emotional well being.

We recognise the importance of anticipating pupil needs and creating an inclusive solution focused ethos.

We will consider the child's age, development and individual needs in all decision making.

Our ultimate goal is that children are facilitated to manage their diabetes according to their chosen management plan and stage of development.

Introduction

Education is a valuable part of children's and young people's lives. Appropriate diabetes care in the school and day care settings is necessary for the child's immediate safety, long tern well being, and optimal academic performance" (DoH 2007). Positive responses by schools and early years settings to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers (DfES 2014).

The aim of this document is to inform about Type 1 Diabetes, help staff feel more comfortable about having a young person with diabetes in their school, and ensure that the child will be safe and supported at all times. For advice and information about individual children schools should always involve the parents/carers of the child with Diabetes, the school nurse and the Diabetes care team. The Children's Diabetes Nurse Specialist, who will be a member of the diabetes care team will be a central point of contact and should be able to advise the school.

The information within this resource should be considered alongside the Department of Education (DfES) guidance – **Supporting pupils at school with medical conditions (2014).** This document sets out a clear framework within which local authorities, local health trusts, schools and early years settings can work together to develop policies to ensure that children requiring medicines receive appropriate support. It takes account of the recommendations from the National Services Framework on Medicines for Children (2004) to ensure safe practice in the management of medicines for children, the duties on local education authorities, schools and early year's settings under the Disability Discrimination Act (1995), and latest medical advice.

This publication can be downloaded from www.gov.uk/goverment/publications.

Individual Health Care Plans (IHCP)

All children in school with a medical need should have an individual health care plan as recommended in the DfE 2014 guidance, Supporting pupils at school with medical conditions. An IHCP is a useful tool for the school to record important details about an individual child's medical needs, their triggers, signs and symptoms, medications and other treatments, as well as contact details and emergency numbers. It should also include permission from parents/carers to share confidential information about their child's health and health needs.

The IHCP will usually be provided and written by the child's diabetes specialist nurse with all parties involved keeping a copy. It should be updated yearly or if medical needs change. Parents are responsible for providing updated information on their child's health.

Starting/changing schools

Parents should arrange an introductory meeting with their chosen schools Head Teacher/ nominated Teacher before their child enrols or when the child first develops diabetes (DfE 2014).

Allow adequate time to ensure the IHCP is in place and training can be given by the Diabetes Specialist Nurse.

NOTIFICATION PROCESS

Stages	Process	By whom
1	Parent notifies school. Arranges meeting with Head Teacher/nominated teacher	Parent
2	Prior to meeting Head Teacher/nominated teacher informs school nurse and Special Education Needs representative.	Head teacher/nominated teacher
3	Introductory meeting. Parent identifies a child's needs and provides Childrens Diabetes Specialist Nurse contact details. Head Teacher/nominated teacher nominate 3 members of staff.	Parents Head Teacher/nominated teacher
4	Head teacher/nominated teacher contacts the Childrens Diabetes Specialist Nurse and arranges training meeting.	Head Teacher/nominated teacher
5	Planning meeting. Childrens Diabetes Specialist Nurse discusses and provides IHCP and identifies training needs and dates for training.	Parent Head Teacher/nominated teacher Childrens Diabetes Specialist Nurse Nominated Staff School nurse
6	Training. Childrens Diabetes Nurse Specialist and parents provide training to school staff until competent (this may occur in one meeting).	Childrens Diabetes Nurse Specialist Parent
7	SEN representative informs the LA of the child's details and names of nominated staff.	SEN representative

Staff Training

All school staff should have a general awareness and knowledge of Diabetes and know what to do in an emergency (for example, hypoglycaemic episode) when they have a pupil with diabetes in their school. General awareness training can be provided to individual schools by the child's diabetes health care team. It is the Head Teachers responsibility to arrange training.

The Head teacher should nominate **at least** 3 members of staff who are willing and able to undertake further training to enable the school to meet the health care needs of the child. This ensures cover when one is absent.

In order that schools comply with the recommendations from the DfE guidelines Supporting pupils at school with medical conditions (DfE 2014) and the Disability Discrimination Act (1995), Head Teachers need to ensure that they have sufficient members of support staff who are employed and trained to manage medicines as part of their duties.

Where this is not the case, Head Teachers must ensure that when staff contracts are reviewed or new posts created this role is incorporated in order that the school complies with the Equalities act (2010)

Training of school staff is done on an individual school basis by the child's Childrens Diabetes Nurse Specialist. Staff can be trained to take on a variety of skills such as competencies in blood glucose monitoring, insulin administration either by injection or via an insulin pump. Additional training can also be provided for school day and residential trips The children's diabetes team also provide an annual school staff training day and would encourage school staff to participate. Speak to your local diabetes nurse to find out more information. The team will document competencies achieved by trained individuals.

It is the Head Teachers responsibility to ensure that school staff training and competency is reassessed annually by arranging for a suitably qualified diabetes nurse to ensure staff training and competency remains at the required level.

Staff Indemnity

Worcestershire County Council fully indemnifies school staff that are insured through the County Council Insurance arrangements against claims for alleged negligence, providing they are:

- Acting within their scope of duties.
- Have followed documented procedures set out in this guidance.
- Have received up to date training from an appropriately qualified health care professional.
- Have been assessed as competent; and
- Have maintained their competence by regular practice of the skill.

Schools outside of the County Councils insurance arrangements should check with their own insurance provider to ensure they have appropriate cover.

What is Diabetes?

Diabetes mellitus is a long term medical condition where the amount of glucose (sugar) in the blood is too high. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 diabetes

Type 1 diabetes is an autoimmune disorder that causes the pancreas to fail in producing insulin. It usually presents before the age of 40. The majority of children and young people have type1 diabetes. Children with type 1 diabetes will need to replace their missing insulin. This means they require insulin by multiple daily injections or an insulin pump for the rest of their lives. It is not related to diet or lifestyle and there is nothing that the child or their parents could have done to prevent it.

Type 2 diabetes

Type 2 diabetes is the most common in adults, but the number of children with type 2 diabetes is increasing, largely due to lifestyle issues such as lack of exercise and overeating which can lead to obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly. It can be managed with diet and exercise alone but due to it being a progressive disease it can progress to requiring tablets or insulin to manage it.

Treating Diabetes

Children with Type 1 diabetes manage their condition by the following:

- Regular monitoring of their blood glucose levels 4-6 times a day.
- Insulin injections 4 or 5 times a day or use of an insulin pump.
- Eating a healthy diet.
- Physical activity.

The aim of the treatment is to keep the blood glucose levels within normal limits. People who do not have diabetes have blood glucose levels that are 4- 7mmol/l and this is the target to achieve with children with diabetes to maintain future health. Blood glucose levels need to be monitored several times a day. It is likely that a child will need to do this at least once whilst at school. Younger children may need help with this.

Classic Symptoms of high blood glucose levels are (these can be seen when newly diagnosed):

- **Frequent passing of urine**
- **Excessive drinking and thirst**
- **Weight loss**
- **Lethargy**

Poorly controlled diabetes increases the risk of developing long term complications such as damage to the eyes, kidneys, nerves, heart and blood vessels. Short term it can affect concentration and the ability to learn.

Blood Glucose Monitoring

At school this may need to be done before a meal, any time a child feels unwell, and sometimes before or after physical activity. A blood glucose test is definitely recommended before swimming. There may be other times in the school day that tests are required such as during exams.

Blood glucose monitoring involves the pricking of a finger to obtain a tiny drop of blood using a special device called a lancet. A small amount of blood is placed on a test strip into a small electronic meter which displays the reading. The reading is displayed as a number in mmol/l. The target range for most children with diabetes is between 4-7mmol/l, but children may have individual targets. However, this target can be difficult to achieve particularly in the under fives and during puberty. This testing is vital to the management of the condition and regulation of insulin and must be facilitated by a member of staff if the child is unable to do it themselves.

NOTE: Testing blood glucose levels too soon after injecting insulin/eating food will provide little useable information. Testing should therefore be delayed to at least 2 hours after injecting/eating unless a child is complaining of feeling unwell or directed to for a specific reason in the IHCP.

The child should be asked if they wish to do this testing in private and a suitable place made available (not the toilet), although this does not need to be out of the classroom.

The older child should carry their own blood testing kit and should have it with them at all times. If it is not feasible for the younger child to carry their blood glucose meter with them, it should be stored in a safe place, obtainable at all times. It is important however to discuss the safe use and disposal of equipment in the classroom.

A sharps bin should be provided by parents for safe disposal of sharps and locked away when not in use. Once the sharps box is full it should be closed and parents contacted to remove and dispose of appropriately.

Insulin therapy

Insulin has to be injected. If taken orally it would be broken down by the digestive enzymes and would therefore be ineffective.

Many children use an insulin pen device making it easier to do their own injections. Insulin is injected into the fatty tissue just under the skin. The thighs, stomach and buttock areas are commonly used. Pen needles are often much thinner and shorter than people expect making the injection more comfortable.

Safe storage of insulin needs to be considered. For younger children a lockable first aid cupboard should be considered, however older teens may be allowed to carry their medication on their person at the discretion of individual schools. Insulin in use does not need to be kept in a fridge.

Multiple daily injections

Most children inject insulin several times a day and therefore often need a lunch time injection at school. They have a daily dose of long acting insulin, usually at bedtime and then rapid acting insulin is given before breakfast, lunch, and evening meal and large snacks. The child and family are taught how to calculate the insulin dose depending on the carbohydrate content of the food and the blood glucose level at that time. Children who inject insulin at lunch time may need a little extra time before lunch to accommodate their injection. Younger children may require volunteer staff to be trained to administer their insulin.

Insulin Pumps

Increasingly, some children use an insulin pump instead of injections. An insulin pump is about the size of a pager and is connected by thin tubing to a small cannula inserted under the skin. A pump delivers a small amount of insulin continuously and extra insulin can be given with food.

Multiple daily injections or insulin pump therapy are recognised as the best way of achieving good diabetes control and therefore promoting better health outcomes for the child. They also allow the child or adolescent more freedom and flexibility in their lifestyle and eating pattern/food choices.

Twice daily injections

Used very rarely now as it is not as effective in managing your blood glucose levels in target range. It is a mixture of short and long acting insulin is injected before breakfast and before evening meal and it is unlikely that these will be give during school hours. However these children will still need to blood glucose monitor.

Injecting at school

Older children may be fully competent to manage their own diabetes whilst at school and should be encouraged to do so. The child may wish to carry their own diabetes equipment or may like it to be kept in a suitable place at school. Some children may be able to give their own injections or insulin via a pump but supervision may be required. Where children are unable to give their own injections, it may be necessary for an adult to administer the injection at school.

Appropriate support and training from the children's diabetes team must be provided where schools agree to give or supervise injections/insulin pump managment. Each child should have and individual health care plan stating clearly insulin requirements in school and individual responsibilities.

Needle Safety

Staff that are trained to administer insulin injections need appropriate training. It is advised that staff use BD Autoshield Duo needles to protect themselves from needlestick injury – this will be arranged by the Paediatric Diabetes Nurse involved A sharps box should be provided by parents for disposal of used sharps at point of use on school premises.
In the highly unlikely event of a needlestick injury from a used needle, the member of staff involved should make the wound bleed whilst under running water. Inform the Head teacher and contact your local Accident and Emergency Department for further advice. (FIT4Safety(2015)

Diet

As with any child, a balanced and healthy diet is important (one that is low in fat, salt and sugar). A regular intake of starchy carbohydrates (bread, cereals, potatoes, pasta or rice) is important to provide an energy source. Fruit and vegetables should be encouraged; drinks should be no added sugar or sugar free. Small amounts of food containing sugar are acceptable as part of a child's meal, particularly when the child is using multiple insulin doses/insulin pumps.

Children with diabetes may choose to have school dinners or a packed lunch. Many children will be required to count the carbohydrate content of each meal and snack. Older children may be competent to self manage whilst younger children may need help. Parents will provide written information on insulin requirements to support supervising staff and the younger child detailed in the IHCP.

It is important to know the times the child needs to eat and organise this accordingly e.g.: they may need first sitting at lunch. In larger schools it may be useful to supply the child with a dinner pass that allows them to jump the queue.

School Dinners

Younger children on school dinners should be supervised by a member of staff to ensure they choose a healthy meal option and encourage eating the carbohydrate content of the meal in particular. If the meal is not eaten then the supervising staff member should inform the relevant teacher for the afternoon teaching session as there may be an increased risk of an episode of hypoglycaemia later in the day. **The Head Teacher is responsible for selecting members of staff for this duty and ensuring it is carried out.**

Where schools have a pre planned rolling menu, parents should be able to select the choices with their child beforehand. The head teacher should ensure that all staff involved with school dinners know which children have diabetes and provide them with a copy of the child's pre planned menu choices. The insulin dose may vary according to what the child has eaten and their blood glucose reading. The paediatric diabetes dietitian will be able to support families and the school if further advice is required.

Most young people have a smart blood glucose meter/insulin pump which calculates the insulin dose for their lunch depending on the child's blood glucose level and the amount of carbohydrate. The guidance given by this meter or pump should be followed unless stated in the child's IHCP. It will also take into account any high blood glucose reading and give additional insulin to bring the blood glucose level down.

Packed Lunch

Younger children with a packed lunch should also be supervised and encouraged to eat all of their lunch and that they don't swap items with other children. Parents are responsible for providing the packed lunch. The insulin dose may vary according to what the child is eating and the blood glucose level. If the child has had their normal insulin injection and does not eat all of their lunch then the supervising staff member should inform the relevant teacher for the afternoon session as there may be an increased risk of an episode of hypoglycaemia later in the day.

Older children are usually more knowledgeable about their choices and may alter their insulin dose depending on what they have eaten. School staff should encourage them to make healthy choices.

Young people mostly have a smart blood glucose meter/insulin pump which calculates the insulin dose for their lunch depending on the child's blood glucose level and the amount of carbohydrate. The guidance given by this meter/pump should be followed unless stated in the child's IHCP. It will also take into account any high blood glucose reading and give additional insulin to bring the blood glucose level down.

Snacks

Some children with Type 1 diabetes need to eat at regular intervals. Missing a meal or snack could lead to a low blood glucose level requiring emergency treatment. **Whilst the child will usually do this at break times, there may be occasions when a snack will need to be taken during lessons.** This may be particularly important before PE or during times of stress e.g. exams. **If a child with diabetes asks to eat during the lesson this should be accommodated**. Under no circumstances should a child be refused or told off for this request. It may be useful for the teacher to explain the nature of diabetes to the class to enable the other children to be supportive and understanding. This of course should only be done with the child's/parents consent

Exercise and Physical Activity

Exercise and physical activity have benefits for everyone including children with diabetes. People with diabetes are more at risk of heart disease, so it is essential that children with diabetes are included in exercise at school. Having diabetes should not stop them from taking part in PE or even being selected to represent the school or other sporting clubs.

However, because exercise uses up muscle fuel (carbohydrate) it can often lower blood glucose levels, and therefore there is an increased risk of a hypoglycaemic episode occurring in children with diabetes. With proper planning however, this can usually be avoided.

All school staff involved in supervising exercise must:

- Be aware of children with diabetes in their care and the effects of exercise on their blood glucose levels.
- Make sure the child has taken a blood glucose reading if required (younger children may need help with this), just prior to the activity to check that is safe to take part. This is particularly important for swimming.
- Carry hypoglycaemia treatment with them and know where the emergency kit box is located. In larger schools it is a good idea to keep one in the PE department.
- Allow the child to take a bag with them if it contains emergency supplies e.g. drinks and snacks.
- Be able to recognise and treat a hypoglycaemic episode.
- If planned exercise is prolonged (i.e. 45 minutes) the child may need an additional drink and snack before and /or during exercise.
- Note that older children may alter their insulin around exercise so always check with them first as they may not need to eat a snack.
- Be aware of those children using an insulin pump. Inform the child of the nature of the exercise and duration so that they can decide if they need to disconnect their pump (younger children may need help with this).
- Disconnected pumps need to be handed in to a member of staff to be locked up for the duration of the session.

- Check that the child has reconnected their pump at the end of the activity (younger children may need help with this).
- Encourage the child to check their blood glucose reading at the end of the activity if required (younger children may need help with this).
- If the blood glucose reading is outside an acceptable range follow their individual health care plan.

Hypoglycaemia (Hypo)

This is when the blood glucose level is less than 4mmol/l. This may be due to too much insulin, too little food, exercise, stress or warm weather. Each child will have unique signs and symptoms when their blood glucose level is too low and these must be stated clearly in the IHCP.

Warning signs may include:

- Feeling hungry
- Sweating
- Drowsy
- Glazed eyes, blurred vision
- Pale
- Shaky or trembling
- Headache
- Lack of concentration
- Mood changes e.g. angry, aggressive, anxious or irritable
- Rapid heart beat
- Tingling lips

Some children, especially those under 6 years may have little or no awareness of hypos. Therefore close supervision and frequent blood glucose monitoring may be needed. Children should be allowed to test their blood glucose level and access emergency glucose if a hypo is suspected.

A hypo should be treated quickly and usually the child can return to lessons in 15-20 minutes. If untreated, the child may become unconscious and/or have a seizure although this is a rare event. Never leave a child alone during a hypo or send them off alone to be treated. Parents may need to be contacted if the episode is prolonged or the child remains unwell after treatment.

1. The treatment of a hypo is to give the child glucose to raise the level in the blood, the amount depends on the age/weight of the child with a tall teenager requiring the larger amount. This may be given as any of the following:

    a. **2-5 Dextrose tablets**
    b. **100ml-150ml Cola/Ribena/fruit juice (10g carbohydrate in 100ml)**
    c. **2-4 teaspoons of sugar in a small drink**.
    d. **Any other fast acting carbohydrate such as Jelly sweets**

2. If the child is uncooperative or confused, squeeze Glucose Gel into the mouth, as instructed by parents/Diabetes Nurse.

3. If the child is no better after 10-15 minutes, re test and repeat as above if blood glucose not above 4mmol/l or symptoms remain.

4. When they feel better give additional food in the form of starchy carbohydrate if on injections of insulin. **NB: Insulin pump users do not require a starchy snack afterwards.** Examples are:
    - **i. 1-2 plain biscuits/ small packet of crisps/cheese biscuits**
    - **ii. Drink of milk**
    - **iii. Meal if it is due**

5. **IF IN DOUBT ALWAYS TREAT AS A HYPO (LOW BLOOD GLUCOSE LEVEL)**

6. **DO NOT SEND THESE CHILDREN OFF ON THEIR OWN – THEY MUST ALWAYS BE ACCOMPANIED.**

CARE IN AN EMERGENCY- if sleepy or unconscious:

- If too sleepy or confused to take glucose by mouth, use **Glucose Gel** or equivalent.
- Squeeze a small amount of Glucose Gel into the side of the mouth, this will naturally be swallowed.
- Continue this until fully alert (this may take the whole tube).
- Once alert, give Lucozade/Dextrose tablets and starchy snack as in steps above.

If unconscious or having a fit, DO NOT ATTEMPT TO PUT ANYTHING IN THE MOUTH. CALL 999

Emergency kit box

It is parent's responsibility to provide the school with an emergency box of supplies. This should be clearly marked with the child's name and kept in a place known by key staff. Older young people will also carry their own hypo kit and blood glucose monitoring device. It is the responsibility of the parents to check the box: this should be done at least once a term. The contents of the box should include items such as:

- Glucose tablets
- Small bottle of Lucozade or other sugary drink such as cola or Ribena
- A few Jaffa cakes, chewy sweets or alternative (for exercise)
- Plain biscuits
- Glucogel

The above kit should be with a copy of the IHCP explaining individual care and emergency contact numbers.

Hyperglycaemia (Hyper)

Hyerglycaemia, or high blood glucose occurs when the level of glucose in the blood is too high. **This may be due to too much food, not enough insulin, stress or illness**. Children can often be very thirsty and pass lots of urine. Children should be allowed to test their blood glucose level, to drink water and use the toilet freely if needed.

Warning signs may include

Thirst
Going to the toilet a lot
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 include:

Abdominal pain
Vomiting
Deep and rapid breathing (over breathing)
Breath smells of acetone (like nail polish remover/pear drops).

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

High blood glucose levels should be identified before they cause problems at school, if the child is monitoring their blood glucose levels as advised. If blood glucose levels are 14mmol/l or above the child should blood test for Ketones and if 0.6mmol/l or above are present, staff should follow advice in the IHCP.

If the child is wearing an insulin pump, immediate action is required if a high blood glucose level is suspected in case of pump failure/blockage. The IHCP should state clearly the action required including testing for blood ketones.

School Day Trips/Residentials

Diabetes should not prevent a child from going on school trips or residential. 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 self management of diabetes (ISPAD 2014). They are also protected by DDA (Disability and discrimination act 1995) and the DED (Disability equality duty 2010); however it is important to plan these events.

Careful planning is necessary and is recommended that school staff meet with the child/parent/guardian and the diabetes team to discuss the child's needs. They can then ensure that appropriate action is taken to enable the child to participate safely and fully on school trips. A risk assessment may be needed and additional safety measures may need to be taken. For residential trips it is often useful if a copy of the itinery and sample food menus are available at this meeting. School also needs to ensure that travel insurance is suitable.

A day trip should not cause any real problems, however staff should be aware that the routine is likely to be different from the normal school routine and to expect the possibility of hypo and hypers occurring. As with residential trips planning ahead is important to avoid any problems.

All school staff on the trip should be aware of the child with diabetes and take with them a copy of the child's IHCP as well as an emergency kit box for treating hypoglycaemic episodes. Parents should ensure their child has all of their diabetic equipment and insulin with them and that they are happy with the arrangements.

Useful contacts

Redditch and Bromsgrove team

Paediatric Diabetes Specialist Nurse Di Cluley Tel 01527 488656.
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Dietitian Dorota Amador Buenos 01562 512305
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Useful Resources

1. www.diabetes.org.uk Diabetes UK. Publication: *Children with Diabetes at school - what all staff need to know.* A free download for all staff.
2. www.jdrf.org.uk Juvenile Diabetes Research Foundation
3. www.gov.uk/goverment/publications Reference DFE-00393-2014DfE (2014) Supporting pupils at school with medical conditions*. Update Dec 2015*
4. www.medicalconditionsatschool.org.uk . Resources for common medical conditions seen in school.
5. Department of Health(2007) *Making Every Young Person with Diabetes Matter*
6. www.childrenwithdiabetes.co.uk UK children with Diabetes Advocacy Group (2007) *Every child Matters? Or do they?*
7. School Nursing Team
8. The child's Children's Diabetes Nurse
9. The child's parents
10. Head of SEN and children with additional needs Worcestershire County Council

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Department of Health (2007) *Making Every Young Person with Diabetes Matter*

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Diabetes UK (2011) *Children with Diabetes at school what all staff need to know.*

FIT4Safety (2015) The UK Injection Technique Recommendations 3rd Edn.

Leeds Children's Diabetes Team and Education Leeds *(2007) Supporting Children With Type 1 diabetes in Schools and Early Years Settings*

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Acknowledgement

The Worcestershire Children's Diabetes Team wish to thank both the Leeds and Essex team for sharing their own schools policy documents on which we have based this current policy.

We would also like to thank Worcestershire County Council for support with compiling this document for local use which will be shared on the Worcestershire County Council School Staff Edulink site.