

School Aims:

At ~~Blenheim~~ **Blenheim** School we aim to provide the best education we can for all our pupils in a happy, healthy, safe and caring environment. Our inclusion policy outlines

- A commitment to inclusion involves valuing diversity, understanding difficulties and recognising and respecting individual differences
- The best interests of all children are central
- The highest achievement for all pupils is paramount
- The focus of all our work will be one of early intervention and support (see Inclusion Policy)

DDA Legislation means that as a school we have an obligation to:

- Develop disability equality at every level, from policy to classroom
- Demonstrate what we have done and plan to do to improve opportunities and outcomes for disabled pupils, staff and parents
- Involve pupils with disabilities, staff and parents in every aspect of their scheme (see DDA policy)

What is diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and these are outlined in each child's IHP (Individual Health Plan). Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control and these should be reported to parents.

Control

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during playtime, lunchtime, before and after PE or more regularly if their insulin needs adjusting.

At Greenfield's older children administer their own finger prick test and record the result in their log book while younger children have supervision with the finger test. An adult records the result in the child's log book. Children's individual finger prick times and procedures are contained in their IHP's.

Symptoms

Children with diabetes need to be allowed to eat regularly during the day. If a snack or meal is missed they may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low (below 4mmols). This is also prone to occur during times of high physical exercise so children need to have access to their diabetic control bag with them

The individual or combined symptoms of a hypoglycaemic reaction (hypo) are:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Individual symptoms are outlined in each child's IHP.

Hierarchy of need:

- If a child has a hypo (below 4mmols) it is important that the child is not left alone. Give the child 50ml of lucoxade, a glucose tablet or sugary drink then wait 10 - 15 minutes before giving a starchy snack such as 2 biscuits. These are kept in children's individual diabetic equipment bags in the classroom or the school office. Glucose levels need to be checked again with another finger prick blood test after 30 minutes.
- If a child becomes sleepy and / or is unable to take lucoxade orally massage HYPOSTOP gel onto the inside cheek wall. Use all of one tube. These are kept in the children's individual diabetic bags in their classroom or school office.
- Glucose injections are kept in the staffroom fridge which can be administered as an alternative to Hypostop gel.
- If a child becomes unconscious put them in the recovery position and call 999. Liaise with paramedics as to medicine administered prior to ambulance arrival.

Some children may experience hyperglycaemia (high glucose level of more than 15mmols) and have a greater need to go to the toilet or to drink. Parents are informed when this occurs.

Other symptoms to note and inform parents of are tiredness and weight loss as these indicate poor diabetic control. If a child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention. Individual procedures are outlined in each child's IHP.

Food in school

We liaise closely with parents about any food consumed at school eg for tasting activities, snacks, parties, cooking activities etc

Children eating a school meal have the school dinner menus to take home so parents can highlight meal choices with their children and the catering staff can ensure the child gets their choice for the day. Parents have responsibility to provide an appropriate packed lunch.

Any snacks or treats given out in class are to be taken home rather than eaten in class.

Medication

Diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin. Older children may be on multiple injections and others may be controlled on an insulin pump.

At **BPS**..... younger children have their injections administered by a trained adult. This is discussed and agreed upon by the child, parents, staff and diabetes nurses and a contract is drawn up between all parties before administration of injections begins. All injections take place in a private room and are recorded in individual child log books. The dosage is checked by another member of staff and any changes in dosage can only be administered with written permission from parents.

When children, parents and staff feel the child is confident to administer their own injection they are supervised to by the above trained staff, in a private room. The dosage is recorded in the individual child log book and dosage can only be changed with written permission from parents.

Parents of children needing long term or emergency medication are invited to training sessions and grant written permission before any medication to be administered by staff. This forms part of the process when drawing up the Individual Health Plan.

For any off site education eg: school visits and residentials, medication is carried by a member of staff and all adults attending the experience are made aware of all children's medical needs. In specific cases parents do attend school visits to administer medication for their child.

Health Care Plan

Name of school

Child's name

Class

Date of Birth

Child's Address

Medical Diagnosis or Condition

Date

Review date

FAMILY CONTACT INFORMATION

Name

Phone no (work)

(Home)

(mobile)

Name

Phone no (work)

(mobile)

CLINIC / HOSPITAL CONTACT

Name Carol Gelder: 07810754228
Jane Exall: 07786250744
Carol Bacon: 07786250743
Caroline Mullie: 07786250725
(Diabetes Nurses)

GP

Name

Phone no

Describe medical needs and give details of child's symptoms:

Daily care requirements (eg before sport / at lunchtime):

Describe what constitutes an emergency for the child and the action to take if this occurs:

Hierarchy of need...

Follow up care:

As instructed by parents and Diabetes Nurses.

Who is responsible in an emergency (state if different for off-site activities)

In school: Head Teacher

Off Site Activities: Team Leader

Form copied to:

Parents
First Aid Officer in school
Head Teacher
SENCO / Class Teacher
School Nurse