

Supporting Children and Young People with Diabetes in Hertfordshire Schools

Hertfordshire Community 
NHS Trust



The term School Health Adviser (SHA) is used throughout this document. This is an overarching title that is used for School Nursing within Hertfordshire

This document will be amended in light of any changes to statutory requirements and changes to care pathways for diabetes management

Sample Individual Health Care Plans are available from your School Health Adviser

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1.0 Introduction

The burden of diabetes in school age (5-16) children and young people is high. There are at least 15,400 children and young people in schools in England with diabetes. In November 2011, data from Hertfordshire Community NHS Trust stated there were 388 children and young people known to have diabetes. This has significant implications for schools and families, as more children and young people require management for their diabetes during school hours¹. Whilst some older children and young people may be fully independent with their diabetes care, younger or disabled children and young people may require support and assistance from school staff during the school day.

Education is a valuable part of children and young people's lives. Appropriate diabetes care in the school and day care setting is necessary for the child's immediate safety, long term well being and optimal academic performance.¹ Diabetes should not alter a child or young person's academic potential.²

It is therefore essential that all school staff have an awareness of this medical condition and the child's needs during the school day.

These guidelines have been produced with parents and partners by Hertfordshire County Council to ensure that school staff are supported and equipped to support children and young people with diabetes.

2.0 Individual Health Care Plans (IHCP)

It is recommended that all children and young people in school with a medical need should have an individual health care plan. The DfES 2005 guidance Managing Medicines in Schools and Early Years Settings, highlights it is helpful to undertake one. An IHCP is a useful tool for the school to record important details about an individual pupil'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.

Everyone who is involved in the individual health care plan (IHCP) should keep a copy. An IHCP should be completed at the beginning of each school year, when the child enrolls or when a pupil is diagnosed with diabetes. It should be updated at least annually and whenever an individual pupil's medical needs change. Parents/carers have the prime responsibility for their child's health and should ensure their child is well enough to attend school. Parents/carers are responsible for providing schools with up to date information about their child's health.

1 Growing Up with Diabetes: children and young people with diabetes in England. Research Report by the Royal College of Paediatrics and Child Health. March 2009

2 Department of Health (2007). Making every young person with diabetes matter

3 International Society of Paediatric and Adolescent Diabetes (ISPAD 2000). Consensus Guidelines for the management of Type 1 Diabetes Mellitus in Children and Adolescents

3.0 Planning an admission

- The school is informed of a child who has a new diagnosis of diabetes either by parents/carers, Paediatric Diabetes Specialist Nurse (PDSN) or School Health Adviser (SHA). Similarly, the school will be informed when a child with a diagnosis starts schools or on transition to secondary school.
- Training is arranged for the school staff either at the instigation of the Headteacher or following an approach by the PDSN or SHN. Parents/carers of children with diabetes will be invited to attend the training where possible and practical. Where necessary the Headteacher should identify at least two suitable members of staff to take on a supportive role for the child. This ensures cover when one is absent.
- The SHN or PDSN will complete an IHCP. This will be done in conjunction with the parents/carers and school.
- Where a problem is highlighted in connection with the management of the child/young person's diabetes in school, the SHN will liaise with the PDSN to advise.
- An annual training update will be provided by health staff. Where there are complex issues or where indicated this training will be more frequent. Schools may wish to consider inviting parents/carers to also contribute to staff training.

4.0 Staff training

All school staff should have a general awareness and knowledge of diabetes and know what to do in an emergency (for example, a hypoglycaemic episode) when they have a pupil with diabetes in their school.

General awareness training can be provided to individual schools by the child or young people's PDSN or a member of the NHS school health team and possibly in conjunction with parents/carers on request. It is the head teacher's responsibility to arrange training, although this maybe be delegated to a senior member of staff. Parents/carers can provide contact details for the PDSN.

In order that school practice is in line with the recommendations from the DH/DfES guidelines Managing Medicines in Schools and Early Years Settings 2005 and compliant with the Equality Act 2010, head teachers need to ensure 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 may consider that when staff contracts are reviewed or new posts created, this role is incorporated.

Staff Indemnity

Hertfordshire County Council fully indemnifies school staff that are insured through the county council's insurance scheme against claims for alleged negligence, providing they are:

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

The council's insurance scheme has been varied to cover medical treatment and processes administered by the schools. Schools outside of this scheme should check with their own insurers.

5.0 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:

5.1 Type 1 diabetes

Type 1 develops when the pancreas is unable to make insulin. It usually presents before the age of 40. The majority of children and young people with diabetes have Type 1.³ Children and young people 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 the child or young person or their parents/carers could have done to prevent it.

5.2 Type 2 diabetes

Type 2 diabetes is most common in adults, but the number of children and young people with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly. It often appears after the age of 40. This type is linked, to among other things, being overweight. It can be managed with diet and physical activity alone, but may require tablets or insulin.

6.0 Treating diabetes

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

- Regular monitoring of their blood glucose levels
- Insulin injections or use of an insulin pump
- Eating a healthy diet
- Physical activity

The aim of the treatment is to keep the blood glucose (sugar) levels within normal limits. People who do not have diabetes have blood glucose levels that are less than 7 mmol/l. Blood glucose levels need to be monitored several times a day. It is likely that a child or young person will need to do this at least once a day whilst at school. Younger children may need help with this.

Poorly controlled diabetes increases the risk of developing long term complications such as damage to the eyes, kidneys, nerves, heart and blood vessels.

6.1 Blood glucose monitoring

At school this may need to be done before a meal, anytime the child or young person feels unwell and possibly before or after physical activity. Exact details will be discussed and documented in the child or young person's IHCP.

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 and young people with diabetes is between 4-8 mmol/l, but children and young people may have individual targets. However, this can be difficult to achieve particularly in the under 5s and during puberty. The test takes as little as a minute. This testing, and the details of how this will be facilitated and administered is vital to the management of the condition. This information and the details about the regulation of insulin must therefore be recorded in each IHCP.

The child or young person should be asked if they wish to do this testing in private and a suitable place should be made available (not the toilet), if appropriate this may be done in a classroom.

The child or young person should carry their own blood testing kit and should have it with them at all times. Some children and young people will be able to do this independently whilst others, particularly primary school age, may need supervision or assistance from a member of staff. If it is not feasible for the child or young person 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. All sharps must be correctly and safely disposed of in a UN approved sharps container and collected by a dedicated collection service. Syringe / needle pick up kits and sharps bins are available through Hertfordshire Supplies.

The child or young person's IHCP will specify their individual blood glucose monitoring regime.

³ Growing up with Diabetes: children and young people with diabetes in England. Research Report by the Royal College of Paediatrics and Child Health. March 2009.

6.2 Diet

As with any child or young person, 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 and sugary drinks and very sweet foods avoided. Details should be contained within the IHCP, or advice sought from the PSDN and/or dietician, particularly for children and young people who adjust their insulin dose according to food intake or use insulin pumps who may be allowed some sugary foods.

Children and young people with diabetes may choose to have a school dinner or a packed lunch.

Whichever they choose, the meal should contain:

- Starchy carbohydrate e.g. pasta, rice, potato, bread
- Fruit, vegetables, salad
- A drink of water or a sugar free drink

Some children and young people will need to eat approximately the same amount of carbohydrate at lunch times to keep blood glucose levels under control. Others will be required to count the carbohydrate content of each meal and snack. Further information on this can be obtained from the child or young person's IHCP.

It is important to know the times the child or young person needs to eat and organise this accordingly, e.g. they may need first sitting of lunch. In larger schools it may be useful to supply the child or young person with a dinner pass that allows them to be prioritised in a queue.

School Dinners

Younger children on school dinners should be supervised by a member of staff to ensure they choose the right things, and that they eat all of their dinner. The head teacher will be able to select members of staff for this duty and ensuring it is carried out. Where schools have a pre-planned rolling menu, parents/carers should be able to select the choices with their child beforehand and give this to the head teacher. The head teacher should ensure that all staff involved with school dinners know which children and young people have diabetes and provide them with a copy of the child or young person's pre-planned menu choices. The insulin dose may vary according to what the child or young person has eaten and their blood glucose reading. This should be documented in the child or young person's IHCP.

Packed Lunches

Younger children with a packed lunch should also be supervised to ensure they eat all of their lunch and that they do not swap items with other children and young people. Parents/carers are responsible for providing the packed lunch. The insulin dose may vary according to what the child or young person has eaten and their blood glucose reading. This should be documented in the child or young person's IHCP. If the child or young person has their normal insulin injection and does not eat all of their lunch, please contact the parents/carers for advice. 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, and still contact the parents/carers for advice if they have concerns.

Snacks

Some children and young people 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 or young person will normally do this at school break times, there may be occasions when a snack will need to be taken during lessons. This may be particularly important before P.E. or during times of stress e.g. exams.

If a child or young person with diabetes asks to eat during a lesson this should be accommodated. Under no circumstance should a child or young person 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 and young people to be supportive and understanding. This of course should only be done with the child or young person's parents/carers consent. The Juvenile Diabetes Research Foundation (JDRF) can provide teachers with class activity plans to help with this. Visit www.jdrf.org.uk
The child or young person's IHCP will state dietary routine whilst at school.

6.3 Insulin therapy

Most diabetes in children and young people is Type 1. This means that it is highly likely children and young people will require one or more insulin injections during the school day. Insulin can only be given as an injection or via a pump device.

Some children and young people are prescribed a fixed dose of insulin, but other children and young people may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Insulin is absolutely vital to their everyday life. Without it, they would die. Some children and young people use a pen-like device to inject insulin several times a day, but some may receive continuous insulin through a small pump.

Insulin pens

Insulin pens are very popular with young people as they are discreet and easy to use. The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. When opened it should be dated and discarded after 1 month. The head teacher should nominate a member of staff to liaise with the child (older) and their parents/carers to check stocks and dates regularly. Parents/carers should ensure enough insulin is available at school and on school trips at all times. Appropriate support and training from the PDNS must be provided where schools agree to give or supervise injections. Each child or young person's IHCP must state clearly their insulin requirements and individual responsibilities.

Insulin should not be kept in direct sunlight or near a radiator as it is destroyed by extreme heat. Older children will probably be able to independently administer their insulin. However, younger children may need supervision or an adult to do this for them. Always refer to the child or young person's IHCP regarding their insulin requirements.

Insulin Pumps

Insulin pumps are usually worn all the time but can be disconnected for periods of PE and bathing etc. They are about the size of a mobile phone and can be discreetly worn e.g. attached to a belt or in a pouch. They continually deliver insulin into the layer of tissue just beneath the skin (subcutaneous tissue). Many insulin pumps can calculate how much insulin needs to be delivered when programmed with the child's blood glucose level and food intake.

Some children and young people may be able to manage their pump independently, but others may require supervision or assistance.

Always refer to the child or young person's Individual Health Care Plan for the insulin therapy requirements at school.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes (e.g. healthy diet, losing weight and increased physical activity) tablets or insulin may be required to achieve normal blood glucose levels. If medicines need to be taken during school time, the school should facilitate this.

Your school will have an existing policy on medicines in schools which should be followed.

Refer to school's Medication Policy or DfES guidance 2005.

Always refer to the child or young person's IHCP for medication requirements.

6.4 Physical activity

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

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

All school staff involved in supervising physical activity should:

Be aware of children and young people with diabetes in their care and the effects of physical activity on their blood glucose levels.

Make sure the child or young person has taken a blood glucose reading (younger children may need help with this) just prior to the activity to check that it 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 or young person 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 physical activity is prolonged (i.e. 45 minutes) the child may need an additional drink and snack before and/or during physical activity. (See Individual Health Care Plan).

Note that older children may alter their insulin around physical activity so always check with them first as they may not need to eat a snack.

Be aware of those children and young people using an insulin pump. Inform the child or young person of the nature of the physical activity and duration so that they can decide if they need to disconnect their pump. (Younger children may need help with this).

Check that the child or young person has reconnected their pump at the end of the activity. (Younger children may need help with this)

Encourage the child or young person to check their blood glucose reading at the end of the activity if required. (Younger children may need help with this).

Contact the parents/carers for advice if the blood glucose is outside an acceptable range according to their IHCP. If below 4mmol follow the hypoglycaemia protocol.

PE teachers and sport staff, including volunteers and paid coaches should also refer to the IHCP.

General guidance for PE staff on pupils with medical conditions is provided in

Safe Practice in Physical Education and School Sport (2012) published by the Association of Physical Education (formally BAALPE).

7.0 Diabetic emergencies

A child's blood glucose may vary during the school day. It may be too low (hypoglycaemia or hypo) or too high (hyperglycaemia or hyper). Both of these situations can make the child or young person ill and render them unable to safely look after themselves. It is during these times that a child or young person is most likely to need adult support.

All school staff should have an awareness of diabetes and be able to offer practical assistance to the child or young person during an emergency.

All staff should know where the emergency kit box is kept.

7.1 Emergency kit box

An emergency kit box should be kept in school for each child or young person with diabetes. It should be labelled with the child or young person's name and class and emergency contact numbers. In larger schools it is a good idea to have several strategically placed.

It is suggested the kit box should contain snacks, a sugary drink and dextrose tablets. However, the exact contents, as well as details relating to emergency action school staff need to take in the event of a hypo/diabetic emergency, will be stated in the child or young person's IHCP.

Parents/carers are responsible for supplying the school with the kit box and for keeping it stocked.

The head teacher should make all staff aware of where it is kept. It is the parents/carers responsibility to ensure it remains in date and stocked at all times.

The head teacher should ensure all school staff read this policy and that all new or temporary staff are made aware of children and young people in their class with diabetes. General awareness training for staff can be arranged by contacting the child or young person's PDSN and/or speak to a member of the NHS school health team.

7.2 Hypoglycaemia (Hypo) – blood glucose less than 4 MMOL/L

This occurs when blood glucose levels fall too low (less than 4mmol/l).

Hypos are most likely to happen before meals, if snacks are missed, during physical activity, after physical activity or when the child or young person has diarrhoea or vomiting.

Teachers of PE in particular should be made aware of the signs.

Hypos can occur if the pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, taken part in strenuous or unplanned physical activity, or if the child or young person has been drinking alcohol. Hypos occur suddenly and cannot be predicted. Most children and young people will have warning signs; however some children and young people will not and may be completely unaware of their deteriorating state. Any child or young person with diabetes who is feeling unwell should always check their blood glucose levels.

A hypo should be treated quickly. If untreated, the child or young person may become unconscious. Never leave a pupil alone during a hypo or send them off to get food alone. They should be supervised by an adult and someone sent to get the emergency kit box if the child or young person does not have their own emergency supplies. Parents/carers may need to be contacted if the episode is severe or the child or young person remains unwell after treatment.

Most children and young people will know if they are hypo and will be able to take action or tell you what to do. They will normally require a sugary drink (not diet) or glucose tablets and sometimes a snack from their school bag or emergency box. Follow the child or young person's Individual Health Care Plan for specific treatment details.

If unconscious place the child or young person in the recovery position on their side, dial 999 and contact the parents/carers. Do NOT give them anything by mouth. When the paramedics arrive tell them the child or young person has diabetes.

The child or young person's Individual Health Care Plan will list the individual warning signs.

Warning signs may include:

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

Hypos

Refer to procedure for Hypoglycaemia. See child or young person's IHCP.

7.3 Hyperglycaemia (hyper) – blood glucose more than 14 MMOL/L and ketoacidosis

This occurs when blood glucose levels rise and stay high. A hyper may be caused by too little or no insulin, too much carbohydrate, stress, infection or fever. Extra insulin will be required.

Warning signs may include:

- Thirst
- Frequent urination
- 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:

Abdominal pain

Vomiting

Deep and rapid breathing (over- breathing)

Breath smells of acetone (like nail polish remover)

If a pupil displays symptoms of ketoacidosis, contact the parents/carers immediately. If they are unavailable, call 999. When the paramedics arrive tell them the child or young person has diabetes.

The child or young person's Individual Health Care Plan will list warning signs.

Hypers

Refer to procedure on Hyperglycaemia. See child or young person's IHCP.

Staff training in diabetic emergencies is available from the child or young person's PDSN and/or the school health adviser.

8.0 School trips

Children and young people with diabetes must not be excluded from day or residential trips on the grounds of their condition. They are protected by the Equality Act 2010. However, good planning is essential. For residential trips parents/carers should be informed at least 7 days prior to the event and there should be a review of the risk assessment and the child or young person's individual health care plan with the appropriate diabetes nurse.

Day Trips/Overnight stays

Going on 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 hypos and hypers occurring. As with residential trips, planning ahead is important to avoid any real problems.

The child or young person's teacher should meet with the parents/carers at least 72 hours prior to the trip to discuss arrangements and the child or young person's needs. There should be a review of the existing risk assessment tool to determine if any additional safety measures need to be taken. Teachers should choose the medical option when using this tool.

All school staff on the trip should be aware of the child or young person with diabetes and take with them a copy of the child or young person's Individual Health Care Plan as well as an emergency kit box for treating a hypoglycaemic episode. Parents/carers should ensure their child or young person has all of their diabetic equipment and insulin with them and that they are confident with the arrangements.

Overnight stays will need more planning. It is useful to have copies of the itinerary and sample food menus available at the first planning meeting. Involving the child or young person's PDSN and/or school nurse is advisable. Higher staffing levels may be required to supervise the child or young person with diabetes more closely.

If the child or young person is unwell or loses equipment on the trip take them to the nearest Accident and Emergency Department.

Check that travel insurance is suitable

For information and advice about travelling abroad contact:

Diabetes UK - 020 7424 1000

www.diabetes.org.uk

9.0 Other considerations

Exams

Stress leading up to exams can effect diabetes control. Children and young people can spend all day revising, snacking and not doing much activity which will probably raise blood glucose level. Being nervous and only picking at food might cause levels to drop. During exams pupils should take with them a sugary drink and a food snack, along with their testing kit. Pupils should consider taking rest breaks during formal exams. Schools should consider similar arrangements for internal exams. Rest breaks will allow children and young people to stop and deal with a hypo. Children and young people may benefit from taking exams in a different room to the main exam room.

General Sickness

If a child or young person is unwell their blood glucose level may rise, even with a cold. Having high blood glucose levels may make the child or young person thirsty and need to pass urine more frequently. If school staff notice this, they should contact the parents/carers for advice as the child or young person may need extra insulin.

Vomiting

If a child or young person with diabetes vomits at school, monitor the child or young person's blood glucose level and contact the parents/carers for advice. Look out for signs of a hypo or hyper and treat accordingly.

10 Case studies – Living with Diabetes a young person’s perspective

I am an insulin dependent diabetic. I was diagnosed when I was 18 months old and I am now in Year 9. When I was diagnosed I had 2 injections a day and had to have snacks all the time to keep my blood sugar levels stable. When I was 12 I started having 4 injections a day. This was bad but it meant that I could eat what I wanted when I wanted. These injections hurt especially the long acting injection that I had every night.

Last year I started on a pump. This hurts when I put the needle in and take it out, cold insulin also hurts for the first few days and it can also be sore at night when I sleep on it. I once caught the wire when I was opening a kitchen drawer. This pulled the whole needle out and this HURT A LOT!

The good thing about the pump is that when I was on injections I had to know when I was eating so that I could bring my injection stuff with me; but with my pump it is just there!

The bad thing is that everyone always asks me what my pump is. My headteacher once thought it was an MP3 player and wanted to know what I was doing with it at school. Other people have thought it was a radio or a pedometer. Nobody really knows what it is. When I tell them that without it I would die they just go quiet.

At School

At school I have had a lot of support from teachers and friends.

Most of my friends have a clear understanding of my condition and know what to do if I am ‘high’ or ‘low’. SOME of the teachers at school are supportive. If I have to leave the classroom to go to the medical room they will happily let me leave and bring a friend, and they will ask if I am alright. I have a pass that allows me to leave the lesson at any time with a friend if needed. HOWEVER most of the teachers DO NOT understand my condition and they get annoyed with me if I have to leave the lesson.

When I was on 4 injections a day I had to do an injection at lunchtime. I used to do the injection wherever I was when I remembered to do it. My form teacher then asked me not to do the injection in the form room. He wanted me to do it in the medical room because it was a medical ‘thing’ but this meant that I had to walk halfway across the school and I wouldn’t know where my friends would be after I had done the injection. I got very annoyed with him and I brupped him up! I kept asking him ‘why can’t I do my injection in the classroom?’ He kept saying that he would ask someone about it and eventually he agreed to let me carry on as normal.

I miss a lot of school because of my diabetes. I have to see the consultant and the diabetic nurse every 3 months. Most of the time I just miss the morning but for the ‘annual review’ I miss most of the day.

I also miss school when I have ketones. Sometimes the pump may kink overnight and I wake up with my sugar levels over 25. When this happens I normally have a headache and wake up really thirsty. Mum gets all stressy and I have to double dose on insulin to get my sugar level down. I then have to check my sugar level every half hour until it is under 14 and I am not allowed to do anything until it is back to normal.

I hate missing school because of my diabetes; it is hard to catch up with everything when I am late for school. It can also be difficult to concentrate at school if I go ‘low’ or if I have been ‘low’ during the night. If I go ‘low’ during the night I need to have something to eat. When this happens I don’t sleep properly and wake up tired and THIS AFFECTS MY LEARNING.

When I go ‘low’ at school I sometimes don’t tell the teacher because it takes too long to explain what has happened. When I get into difficulties I always phone home. Once, when Mum was not at home and I had run out of insulin the staff drove me home to get some!

I phone home a lot because it is difficult to remember all the things that I need. I belong to the diabetes support group which has just started at school.

When I was in year 7 we had an activities week at Marchants Hill. Marchants Hill is an activity holiday with things like climbing, abseiling etc. I was having a great time until I checked my sugar. It was 25! I immediately called a teacher and I attempted phoning home millions of times but there was NO SIGNAL ANYWHERE. In the end I had to leave the room that I was staying in and walk around the campus in my PJs until I could find a signal to phone home. After the staff and Mum and Dad sorted this out the teachers were constantly asking me if my sugar levels were OK and I was restricted from doing some activities. I had a bad time.

The other thing that went wrong at Marchants Hill was the risk assessment. This had all the wrong information about me. It said that I couldn't drink large quantities of water without food!!!

*The worst thing however about Marchants Hill was that I had NO SLEEPING BAG. This was all because the diabetic nurse had explained to the teacher how to look after me but when I went to get on the coach Mum was told that this teacher was not going to be with me during the day. My SLEEPING BAG had been left in the car but Mum was not going anywhere until she had spoken to the person that was going to be with me on the school trip. Mum was seriously thinking of **not** letting me go on the trip and so I got on the coach without my sleeping bag. I had a ruined trip.*

*The one thing that made me so angry was the day all the girls were getting their HPV vaccination. At the time I was having 4 injections of insulin every day and a girl in my class had made a cake for everyone when they had had their vaccination. After **one injection** all the girls were crying and fainting and were invited to have some cake. I didn't have this vaccination because of my diabetes and so I wasn't invited to the cake party. I WAS SO ANGRY. These girls will have 3 injections to complete the course over 6 months. In 6 months time they will have had 3 injections but I would have had 720 and I was not allowed a piece of cake. I WAS SO ANGRY.*

Even though I try very hard to manage my diabetes my HbA1C is higher than it should be. If it hasn't come down when I next go to the clinic (next week) my pump will be taken from me.

I'm 12 years old and have had diabetes since I was 3. In the beginning I had to do one injection a day, then it changed to two injections, then four injections, and for the last year I have had an insulin pump.

When I was at Infant school the teachers were very kind and reminded me when I had to have my snacks. They also helped me when I had hypos.

When I went to Junior school I found it really hard because the teachers didn't seem to be bothered about my diabetes or how it affected me. I would get into trouble when my blood sugars went low or were high because my behaviour changed. My mum and dad went in lots of times to talk to the teachers so did my diabetic nurse but it didn't make much difference to some of them. They would still give me warnings or put my name on the board for bad behaviour.

When I had to do four injections a day my mum asked if the dinner ladies could help me and remind me to do my injection after lunch. Sometimes they would forget, and one dinner lady argued with me and shouted at me because she told me I had to wait 15 minutes after I had eaten before I could do my injection. I told her that I had to do it within 15 minutes but she didn't listen and wouldn't phone my mum or dad to check. I was really angry and upset, and she told me off for being rude.

Some of the teachers did try to understand, but there were lots of times I didn't want to go to school because I thought I would get into trouble.

My year 6 teacher was great. We went on a trip to Norfolk and he arranged for my mum to go with us. I was really happy she came because I knew my diabetes would be managed properly and I could have a good time.

It was great starting on the pump. I got to taste my first donut and it was delicious. I like having the pump because I can eat what I want, when I want. If my mum lets me!! But I do have to remember to give myself insulin every time I eat something and work out how many carbohydrates I have eaten.

Sometimes I have forgotten to give myself insulin after lunch at school. This makes my blood sugar so high and I get noisy in class, but I don't notice I'm doing it. This has got me into trouble and I have been given detentions and put on report. My mum and dad have tried to explain to the teachers why this happens, and asked if the teachers could help me to remember to do my insulin and if I get noisy to tell me to do my blood sugar.

It has taken a long time and my diabetes nurse spoke to my teachers and the school senco. I think they are starting to understand how serious diabetes is and what can happen if I don't remember to do my insulin.

The SENCO has helped me to explain about my diabetes to my classmates. I talked to them in a science lesson, and it lasted the whole lesson. Then my science teacher gave us homework on diabetes.

I think year 8 will be better than year 7 because my teachers now understand and know more about my diabetes.

Diabetes doesn't stop me from doing what I like, but I wish teachers and other staff in schools would listen and try to understand a bit more about what diabetes is and how it affects people like me and Elizabeth.

11 Help and advice

School staff can obtain further help and advice from the following:

Diabetes UK

Phone - 020 74241000,

www.diabetes.org.uk

Email - info@diabetes.org.uk

Juvenile Diabetes Research Foundation (JDRF)

Phone- 0870 240 1640 - to order a free cross-curricular resource and management tool kit.

www.jdrf.org.uk

Department for Education (DfE) formally DCSF

www.teachernet.gov.uk

www.medicalconditionsatschool.org.uk

12 Further reading

DfES/DH (2005). Managing Medicines in Schools and Early Years Settings

Medical Conditions at School. A policy resource pack.

Children with diabetes at school. What all staff need to know. Diabetes UK.

Briefing. Making all children matter: Support for children with diabetes in schools. Diabetes UK. November 2008.

Diabetes in Schools. NUT Health & Safety Briefing.

Equality Act 2010

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