Supporting Pupils with Medical Needs Policy

September 2021

Approved by Chair:

Review Date: September 2022

Statement of organisation

The school's arrangements for carrying out the policy include nine key principles:

1. Places a duty on the Governing body to approve, implement and review the policy.
2. Place individual duties on all employees.
3. To report, record and where appropriate investigate all accidents.
4. Records all occasions when first aid is administered to employees, pupils and visitors.
5. Provide equipment and materials to carry out first aid treatment.
6. Make arrangements to provide training to employees, maintain a record of that training and review annually.
7. Establish a procedure for managing accidents in school which require First Aid treatment.
8. Provide information to employees on the arrangements for First Aid.
9. Undertake a risk assessment of the first aid requirements of the school

Arrangement for First Aid

Materials, equipment and facilities

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'.

The Appointed Person: Currently the Appointed person is Alexandra Giles. She will regularly check that materials and equipment are available. She will order new materials when supplies are running low. The appointed person is responsible for the arrangement of adequate First Aid training for staff.

Each class will have their own First Aid Box. These will be stored where they are visible and easy to access. Two small first aid bags will be kept in the School office, for staff to take out on school trips, sports events or any other out of school experiences. These will be signed in and out of the office. It is the responsibility of the adults using these first aid kits to notify the appointed person if stocks in the trip bags are running low.

Responsibility to regularly check First Aid Boxes located in the classrooms lies with staff working in the classes. If First Aid boxes need replenishing the Appointed Person should be immediately notified and extra supplies should be requested. There is a proforma for this located in the Medical Room.

For dealing with accidents/incidents on the playground staff should follow the 'First Aid Flowchart' (appendix 1). The flowchart is displayed all around the school, in each corridor, medical room and school office. Any major accident needs to be reported to the appointed person: Alexandra Giles. If an ambulance is called the Head of Schools need to be notified immediately, (or the person in charge, eg; Deputy Head of School, Assistant

Head of School).

Cuts
The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Any adult can treat severe cuts, however a fully trained first-aider must attend to the patient to give advice. Minor cuts should be recorded in the accident reporting books. Severe cuts should be recorded in the accident reporting books and parents informed by a phone call. A major incident form needs to be filled out by the person dealing with the injury and given to the parents. Major injuries need to be reported to the appointed person.
ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. These are located in the Medical Room.

Head injuries
Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress which are situated in the freezer compartment of the medical room fridge. Children should receive medical slip stating that they have bumped their head and a courtesy phone call made to parents/carers informing them of their child's injury. The adults in the child's classroom should keep a close eye on the child. All bumped head accidents should be recorded in the accident reporting books. Children who have a concussion after a head injury will need to be taken to hospital.

Allergic reaction
All staff are trained in recognising the signs of serious allergic reactions and in the administration of Epi-Pens. In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions. Medicine for each child is located in the classroom medical cabinet. These cabinets are not locked to allow for emergency access.

Record Keeping
First Aid and Medicine files
These files are kept in each classroom whilst medication is being administered to a child and passed onto the main school office to be filed under the specific child's documents upon the completion of the medication. The contents of these files are collected at the end of the academic year by the office manager, and kept together for a period of 3 years as required by law. The school follows the HSE guidance on reportable accidents/ incidents for children and visitors.
Staff are required to record any medical needs on the Important Medical Medical Needs Proforma. This is located on the online Staff Platform/ Staff Shared/ Teacher Notes/ Important Medical Information.

Employees/ staff
The school has a responsibility to provide first aid to all staff. In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded on an accident form that can be obtained from the office and reported to the appointed person. In case an accident/incident results in the individual being taken to

hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person needs to be notified. The appointed person and the Head of School will review the accident/ incident and will decide if it needs to be reported to the HSE.

Notifying parents

The school uses 2 different forms for parent notification. These are:
- Accident form
- Phone call to parents

The forms can be found in the First Aid Room. Copies can also be obtained from the school office or from the appointed person; currently Alexandra Giles.

Arrangement for Medicine in schools

Administering medicine in school

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions are kept in the Teachers' files, First Aid Room and on file in the main school office. Children with Medical conditions have to have a care plan provided by the appointed person, signed by parents/ guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the medical room fridge where it is locked or in the classroom in a clearly marked first aid box out of the reach of children.

For further information on pupils with medical conditions in school please see the 'Supporting Children with Medical conditions policy'.

All medicines in school are administered following the agreement of a care plan.

Asthma

Children with Asthma do not require a care plan. In order for children's Asthma inhalers to be kept in school an Asthma medication form must be filled out. It is the parents/carers responsibility to provide the school with up-to date Asthma inhaler for their children. Adults in the classroom are to check the expiry date on the inhalers regularly (at the end of each half-term) and inform parents should the inhalers expire or run out. Asthma inhalers should be kept in the child's classroom, clearly labelled along with an asthma book, with the teacher recording when and how much of the inhaler has been administered. Only Blue (reliever) Asthma Pumps should be kept in schools. Inhalers should be collected and taken out on school trips. An emergency inhaler is kept in the First Aid room. A record of this needs to be kept in the book in the First Aid Room.

Short term prescriptions

Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for

administering medicine' form on the day the request is made. The form can be obtained from the school office. There are also hard copies in the class room 'First Aid and Medicine Folders'. Parents need to give the completed form to the school office together with the medication. The office is to notify the person responsible for medicine, who will pass the medication on to relevant class room staff and will discuss further action. A completed copy of the 'Parental consent form for administering medicine' form must be kept in the First Aid and Medicine file. However, staff should encourage parents to administer medicine at home. Medication may be administered in school if it is required to be taken four (4) times a day. Only medication prescribed by a GP, Hospital or Pharmacy and clearly ladled with the child's name, address and required dosage can be administered in school. Non-prescription medication or creams and lotions should not be administered in school. Medications that need to be kept in the fridge can be stored in the Locked fridge found in the First Aid Room. Children must always be aware of where their medication is kept. If a child refuses to take a medicine, staff should not force them to do so. Instead should note this in records and inform parents/ carers or follow agreed procedures or the Care Plan.

Record keeping - Medicine

Staff should record any instances when medicine is administered. This includes if children use their asthma inhalers. The records need to include, date and time of medicine administered, its name and the dose given, signed by the person responsible for administering the medicine. Older children may take their own medicine under the supervision of an adult; this need to be recorded and the adult still need to sign the record sheet. Record sheets are in the First Aid and Medicine folder.

There is an important medical information record document saved on the current Staff Platform. Class Teachers are required to input any relevant medical information so that this can be shared across the school. This is extremely important for those members of staff who cover classes and/or are present in a range of classes.

Calling the Emergency services

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.
The Head of School should be informed if such a decision has been made even if the accident happened on a school trip or on school journey.
If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will have to inform parents/carers. A

standard letter should be sent home with all the children in that class where the suspected headlice incidence is. If we have concerns over headlice the school nurse can be called in, who is able to examine children and also give advice and guidance to parents/carers on how best to treat headlice. If there are Safeguarding concerns, this will need to be reported to the Head of Safeguarding, Rebecca Cook or the Safeguarding Deputies, Sarah Jones and Julie Grice.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox, measles etc; we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked for consent to look at chest/ back.

For the inspection of other rashes the same procedure should be followed. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.) we need to inform parents and request that children are treated before returned to school. In most cases, once treatment has begun it is safe for children to return to school. If more than one child is suspected to have the same disease/rash in one class a letter should be sent home to all parents in that class, to inform them as to allow them to spot problems early and began treatment early, thus avoid the further spread of disease/rash.

It is the Head of School's duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the local HPU (Health Protection Unit).

Treatment of Diabetes in School

Diabetes is a condition in which the Glucose level in the blood is too high due to a relative or absolute lack of insulin. Glucose is used by the body to provide energy for daily activities. It comes from the digestion of starchy foods, such as bread and potatoes, from sugar and sugary foods, and from the liver which also can release glucose from its stores. Starches and sugars are also known as carbohydrates.

Type 1 Diabetes

· The majority of Children and Young People (CYP) with diabetes have Type 1 Diabetes (accounting for 95% of the population of England and Wales).This means that these CYP are

unable to produce their own insulin as the cells in the pancreas that produce it have been destroyed. Without the insulin, the child's body cannot use glucose for energy, and this is life threatening.

Type 2 Diabetes

Tends to affect mostly adults and management includes regulating their diet, taking medication and many are now requiring insulin injections. The incidence of Type 2 diabetes is increasing in CYP due to changes in society; linked to the increase in childhood obesity. In Type 2 diabetes the pancreas is still producing some insulin but it is ineffective or slow. CYP with this type of diabetes are managed on oral medication together with a 'healthy diet and exercise. CYP with Type 2 diabetes may require insulin therapy at a later time if oral medication becomes ineffective. Diabetes does not prevent participation in activities but may require the following considerations:

· Extra toilet privileges

· Extra care if unwell

· Provisions for privacy for blood testing or injecting in school

· Extra supervision

· Eating at additional or different times, especially during physical education.

· Extra support at times of exams

Duty of care

Schools and educational authorities are legally responsible to provide:

· Adequate supervision

· No discrimination based on the CYP's medical condition.

· A safe environment

(For more information please go see the Children and Families Act (2014) and Supporting Pupils at

School with Medical Conditions (DoE, 2014)):

Responsibility of staff – including supply staff

· To ensure the safety of the CYP with diabetes whilst in their care.

Responsibility of the family:

· To inform the school of their child's medical condition and particular requirements.

· To provide the schools with appropriate medical supplies including emergency 'Hypo box'.

Roles and Responsibilities

Close co-operation between schools, nurseries, families, health care professionals and other agencies will help provide a suitable supportive environment through education and training for CYP with diabetes.

It is vitally important that the responsibility for the individual CYP's safety is clearly defined and that each person involved with CYP with diabetes is aware of what is expected of them and has received adequate training to do so, as well as had their competencies document completed.

We recommend that a minimum of 3 members of staff are trained and competent to ensure that there is always a member of staff available to support the child.

At Northwood Park Primary School, our Diabetes Nurse is:

Lauren Baker - Paediatric Diabetes Nurse Specialist at Royal Wolverhampton Trust (New Cross Hospital)	07770703866

Self-Management

It is good practice to support and encourage CYP, who are able, to take responsibility to manage their own insulin from a relatively early age and schools should encourage this but it is essential that they also provide adequate support and supervision.

The age at which CYP are ready to take care of and be more responsibility for their diabetes does vary. This should be discussed with the CYP alongside their family and diabetes specialist team.

For young children and those with disabilities unable to administer their own insulin, staff volunteers will be sought and trained appropriately by your paediatric diabetes specialist team. A competency check list will be used as the basis for this education and training. Staff will be signed off accordingly by their paediatric diabetes specialist team when felt to be competent, it should be noted that parents/carers need to support in the meantime.

Storage of Insulin

All CYP with diabetes should have insulin stored at school; this includes their insulin in their pen device (if on a multiple daily injection regimen) and a spare insulin cartridge for their pen device regardless of whether they are on a pen or an insulin pump. It is family's responsibility to

ensure that a container is provided with the insulin in and that is clearly labelled with the name of the child together with date of birth and form/class. This spare insulin should be placed in a refrigerator.

The refrigerator can contain food but the insulin should be kept in an airtight container and clearly labelled as above.

CYP should know where their own medicine is stored.

Insulin that is opened can be kept at room temperature for 1 month.

Access to Insulin

CYP need to have immediate access to their insulin when required, it should be agreed in the care plan where the insulin is to be stored and which members of staff have had suitable training to support/supervise or administer the insulin injection/pump boluses.

Disposal of Insulin

Families are responsible for ensuring that date-expired insulin is returned to a pharmacy for safe disposal.

Families should also collect any leftover insulin at the end of each term to ensure that expiry dates are not exceeded.

Sharps Disposal

Sharps bins should always be used for disposal of needles from insulin pen devices and blood glucose monitoring lancet and pump cannulas.

Sharps bins should be situated proximal to where the injections/blood glucose tests are taking place.

Sharps bins can be obtained by families on prescription from the CYP's GP or local council. Your local paediatric diabetes team can advise on this. Sharps bins should be kept in a safe place.

Once the sharps bin is around two thirds full, families should be informed so that a further sharps bin can be obtained on prescription for the GP/local council. The closed and locked sharps bin, should be picked up by parents and returned to the GP/pharmacy for safe disposal.

Schools diabetes supply list

The following should be provided by families to have in school:

1x spare insulin cartridge
sharps
sharps disposal bin
Blood Glucose meter
1x Glucogel
Sugary snack/drink to bring up Hypo

Blood Ketone meter
Cannula (if on Pump Therapy)

The child's blood glucose meter and injection pen should be kept in the medical cabinet in classes. However some older children will carry these items in their school bag. The blood glucose meter and hypo box may need to be stored in the classroom so that it is close to the child.

Blood Glucose Monitoring

CYP with diabetes need to monitor their blood glucose throughout the day to ensure they maintain good glycaemic control. Blood glucose is obtained by taking a small finger prick sample of blood and applying it to a blood glucose monitoring strip. The blood glucose needs to be taken at regular intervals during the day.

THE TARGET BLOOD GLUCOSE LEVEL IS 4 – 7.5 MMOLS

Times that CYP will be required to test their Blood Glucose routinely:

- Before meals
- Before/ after P.E./ swimming
- Prior to mid-morning and/or mid afternoon snack

Other times they will need to test their Blood Glucose will be:

- When CYP exhibits symptoms of hypoglycaemia
- When CYP exhibits symptoms of hyperglycaemia
- When feeling unwell
- Before/ during/after exams or other stressful situations
- Any other time that is specified in the child's IHCP.

Who does Blood Glucose testing?

- CYP at senior school should be able to test their own blood glucose and within reason, be able to act appropriately upon those readings
- Some CYP at primary school will have the skills to take their own blood glucose but will need supervision and assistance in acting upon the readings
- CYP who are too young or are not competent to take their own blood

glucose will need this doing for them by a member of school staff

- Any staff member who has volunteered to undertake blood glucose monitoring **must be trained and deemed competent** by the diabetes nurses caring for the child's diabetes – usually a minimum of 3 staff members per school.

Where does Blood Glucose monitoring need to take place?

This should be agreed with the CYP, Family and school staff. Blood glucose monitoring can be undertaken in the classroom, office, medical room or any other area where hands can be washed – IT IS NOT appropriate to use the toilets and this includes disabled toilets.

Procedure for Blood Glucose testing by school staff

1. The CYP and you need to wash and dry hands using soap and water (A wet cloth can be used if there are not hand washing facilities)
2. Insert blood glucose test strip into meter
3. Wait for blood sample sign (usually a blood droplet)
4. Select the right depth marker on the finger picker device (This is normally pre set)
5. Obtain a sample of blood from the **side of a finger, excluding thumb and index fingers**. The sites must be rotated to avoid nerve damage
6. Gently squeeze the finger to obtain a drop of blood
7. Touch end of test strip to blood droplet and allow the blood to be absorbed by the strip
8. The meter will begin to count down when enough blood has been obtained
9. Record blood glucose result in child's diary and/or school monitoring book

What can affect the Blood Glucose readings?

It is not easy to maintain blood glucose in target level all the time as this will depend on several factors, these can include:

- Growth spurts
- Stage of puberty
- Prescribed insulin doses (carb ratios)
- Diabetes mismanagement
- Illness
- Activity

Interpretation of Blood Glucose results

Blood glucose results should ideally be between target levels of 4-7.5 mmols. Action may need to be taken if the blood glucose level falls outside of the normal range.

Please note that correction doses of insulin should only be given before meal times, unless otherwise advised by parents or diabetes team.

Below 4mmols	Between 4-7mmols	8-14mmols	Above 14mmols Or
Treat as hypoglycaemia using fast acting glucose - refer to individual health care plan	Target blood If eating give insulin for food as per IHCP No other action to take	Correction insulin may required as per IHCP This will be on top of usual insulin required for food May need to use the toilet frequently and drink sugar free fluids	Blood ketones should be tested as per IHCP Correction insulin may be required. See If food is to be eaten, then usual meal will be required May need to use the toilet frequently and drink sugar free If feeling unwell with high sugars and/ ketones, contact child's parents
If child is vomiting, having difficulty in breathing, semi-conscious/unconscious or is having a seizure please dial 999 for an ambulance immediately and contact parents			

Storage of Blood Glucose Meters

Blood glucose meters should be kept in a dry place away from extreme temperatures and away from dust, preferably in the pouches they are provided with.

In primary school the blood glucose meter should be in easy reach of the child to enable testing when needed – usually in the classroom medical cabinet with their emergency hypo box.

Sharps Boxes

All sharps and test strips MUST be disposed of correctly in a yellow sharps box.
It is the responsibility of the Parent/Carer to provide a sharps box and dispose of sharps via their local community pharmacy.

School Management on a day to day basis

To ensure that schools can support pupils with diabetes effectively, it is essential that an individual healthcare plan (IHCP) is developed.

The IHCP will provide clarity about what is required to support a CYP with diabetes in school. It should be developed in partnership with the Paediatric Diabetes Specialist Nurse, School Staff, the Child and their family.

The healthcare plan should be signed and dated by:

1. Parents/ carers
2. The child/ young person (where appropriate)
3. School representative
4. Paediatric Diabetes Specialist Nurse

Everybody involved in the care planning process should be provided with a copy of the IHCP.

It is the responsibility of the school to ensure that the healthcare plan is reviewed annually or earlier if the CYP needs have changed.

The IHCP should include:

- Emergency contact information
- Description of the child's condition
- Blood glucose monitoring
- Insulin administration
- Storage of blood glucose kit and insulin injections
- Disposal of sharps
- Physical activity management
- Hypoglycaemia management
- Hyperglycaemia management
- Any additional information relevant to the CYP e.g. exams, school trips, after school clubs

Emergency Supply Box – 'Hypo Box'

The family should provide the school with a box of emergency supplies. The box must be clearly marked with the CYP's name.

The contents of the box should include:

- *Fast acting glucose*
  - Glucose tablets/ sweets (e.g. Jelly Babies, Haribo)
  - Small bottle/ small can of full sugar drink (e.g. Lucozade, Coke)

- *A tube of Glucogel ®*
- *Long acting carbohydrate*
- Packet of plain biscuits/ cereal bars

All staff must be aware of where the hypo box is kept

The hypo box/ hypo supplies must be taken with the CYP if moving around the school premises.

It is the family's responsibility to check the contents of the box and ensure that it is adequately stocked.

Guidelines on how to use the contents of a hypo box are included in the child's IHCP; it is also advisable to keep a copy of the IHCP inside the hypo box.

Exercise Management

Having diabetes shouldn't stop a CYP from taking part in physical activity. There are many benefits of taking part including:

- Improves fitness and well-being
- Encourages a lifelong healthy lifestyle
- Builds self-esteem, confidence and team work

Exercise of any kind increases the use of energy and therefore CYP with diabetes are likely to see a drop in their blood glucose level. Therefore the CYP may need additional fast acting carbohydrates before during or after sport.

CYP should test their blood glucose before and after exercise. This will help to guide the management required to maintain their blood glucose levels within normal limits and keep them safe. Blood glucose levels may vary depending on timing, duration and intensity of exercise.

The information below provides general guidance on what to do for different blood glucose levels.

Please note that is general guidance and you should always refer to the child's individual health care plan.

Blood Glucose level	**Action Required**
If Blood Glucose below 4mmol/L	Treat hypo and give follow up snack (10-15g of slow released carbohydrate e.g. cereal bar, piece of fruit, plain biscuit
If Blood Glucose between 4 and 8mmol/L	Give snack as advised in individual health care plan.
If Blood Glucose between 9 and 13mmol/L	Do not give any fast acting carbohydrate before exercise.
If Blood Glucose above 14mmol/L check for ketones	If Ketones present above 0.6mmol/L then avoid exercise and discuss with your diabetes team.

For swimming please discuss with diabetes team for individual CYP plan.

What about Insulin Pumps?

For CYP using an insulin pump they may need to disconnect the device from the cannula during activity and reconnect once finished. The pump should be stored in a secure place if disconnected. Other pump users may keep the pump connected and just reduce their insulin dose; it will be documented in the IHCP for the CYP.

What about Hypos?

Always carry hypo treatment and ensure that hands are washed appropriately before blood glucose testing. If you notice that hypos are happening frequently with exercise then please discuss with the family who will liaise with the paediatric diabetes team.

School Trips

CYP with diabetes should have the same opportunities to enjoy school trips as the rest of their class.

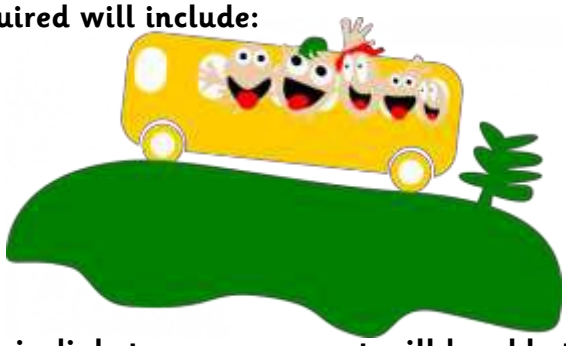
Going on a day trip should not cause any problems as the routine management of diabetes will be similar to the day-to-day management at school.

Residential trips are fun, promote confidence and independence and will therefore enhance self- esteem. Every CYP with diabetes should have an equal opportunity to attend a residential school trip with their peers.

School trips must be discussed in advance (at least 6 week's notice) and a plan developed through discussion with the child, parents, teachers involved in the trip and the PDSN.

Information required will include:

- Duration of the trip
- Journey details
- Timing of activities
- Type of activities
- Timing of meals
- Facilities available



CYP who are reliably independent in their diabetes management will be able to:

- Inject insulin
- Test their blood glucose levels
- Recognise and treat hypos early
- Calculate the carbohydrate value of their meal and give the appropriate dose of insulin
- Understand how exercise will affect their blood glucose levels and take appropriate action to manage activities

CYP who are not fully independent in their diabetes management may require supervision and help from trained and competent staff members.

Supplies

CYP should have their hypo treatments, starchy snacks and their blood glucose meter with them at all times during the trip.

Insulin should be stored in a cool dry place away from sunlight or sources of heat. **Management of**

This is an emergency situation and treatment should be given promptly where the hypo has occurred. Ensure the child is in a safe environment, avoiding relocating the child wherever possible. Children should not be left alone during a hypo.

Hypoglycaemia

Hypoglycaemia (hypo) is the most likely problem to be experienced in school. This is when the blood glucose drops below the normal level of 4mmol/L. The lower the blood glucose level the more the brain is deprived of energy.

Hypos happen quickly, but most CYP will have warning signs that will alert them, or people around them to a hypo.
Below is a list of some of the signs and symptoms:

Warning: **Some children do not have appropriate warning signs of hypoglycaemia and/or do not recognise the onset of a hypo. This is more prominent in children under 5 years of age.**

• Excessive sweating	• Trembling/Shaking	• Feeling Weak or Cold
• Confusion	• Slurred Speech	• Personality/Change
• Pins and Needles	• Nausea and Vomiting	• Paleness
• Anxiety	• Headache	• Sleepiness
• Blurred Vision	• Hunger	• Pounding Heart

The symptoms can be very different for each CYP and the child's family will be able to describe what
their child's warning signs are on their IHCP.

Common Causes of Hypoglycaemia are:

- A missed or delayed snack or meal
- Not enough food to fuel an activity/exercise
- Too much insulin given
- Cold or Hot Weather
- Stress
- Vomiting and Diarrhoea

Hypoglycaemia must be treated immediately because if untreated, the child may become unconscious and/or have a seizure; however this is very unusual as the majority of children will identify a hypo with the above symptoms.

Mild Hypo – The CYP is conscious but blood glucose is low.

The treatment of hypoglycaemia is to give the child fast acting glucose to raise the blood glucose; this may be given as any of the following, please see IHCP for amount fast acting glucose to give:

- Lucozade Original
- Dextrose tablets
- Other treatments may be recommended in the IHCP by the CYP's PDSN

Re-test blood glucose after 15 minutes.

If the blood glucose is 4mmol/L or above**: to give an additional food in the form of a starchy carbohydrate snack, unless they can access their meal immediately, to prevent the blood glucose dropping again. For example:**

- Two plain biscuits
- Cereal bar
- Piece of fruit
- Glass of milk

NB: If the child is on an insulin pump they do not need the extra starchy carbohydrate.

Children should not be left alone during a hypo. They must always be accompanied and supervised.

Moderate Hypo – The child is unable to co-operate but able to swallow and is conscious.

- *Glucogel ®should be used as instructed on the CYP's IHCP.*

Some Glucogel ® is absorbed through the lining of the mouth but will require swallowing to aid recovery. It may take between 5 – 10 minutes to work

Directions for use:

1. Turn and twist top of the tube to open.
2. Place dispenser tip in the mouth between gum and cheek.
3. Slowly squeeze in one whole tube of Glucogel ®, if under 5years of age, use half a tube initially.

4. Massage the outer cheek to encourage swallowing to disperse the gel.

5. Recheck blood glucose 15 minutes later

   a. If blood glucose still less than 4mmol/L and not co-operating, repeat GLUCOGEL®
   b. If blood glucose still less than 4mmol/L and co-operative, repeat fast acting GLUCOSE as outlined in MILD Hypo.
   c. If blood glucose greater than 4mmol/L give additional starchy carbohydrate containing food as above.

Glucogel® should NEVER be used in CYP who are unconscious and therefore unable to swallow.

Severe Hypo – The child is unconscious and unable to swallow

Treatment is URGENT:

Never try to give any treatment by mouth to someone who is unconscious, follow the procedures below:

1. *Place child in the recovery position.*
2. *Ensure the airway is open and that the child is breathing.*
3. *Stay with the child while someone calls for an ambulance and informs parents.*

Severe hypos with unconsciousness and seizures are treated by an injection of GLUCAGON which will be given by the ambulance crew on arrival.

School staff are not expected **to give this injection due to maintaining competency for this rarely performed procedure.**

General Points

- Once the CYP feels better they should return to class and normal activities following a mild or moderate hypo.
- On recovery from a severe hypo the CYP should be collected by family and taken home.
- Family must be informed of all hypos at the end of a school day and documented as per school health and safety emergency policies and procedures.

Blood glucose measurements are the only way to confirm hypoglycaemia. They are also a valuable tool if the diagnosis is uncertain, e.g. if children try to mimic the symptoms of hypoglycaemia in order to eat sweets or if children are confused about their symptoms.

Blood glucose measurements also confirm the return of blood glucose towards normal levels after a hypoglycaemic episode.

HYPOGLYCAEMIA FLOW CHART

('Hypo' or Low 'Blood Glucose')
Blood Glucose 4mmol/l or below

Signs and symptoms can include:

• Excessive Sweating	• Trembling/Shaking	• Feeling Weak or Cold
• Confusion	• Slurred Speech	• Personality/Change
• Pins and Needles	• Nausea and Vomiting	• Paleness
• Anxiety	• Headache	• Sleepiness
• Blurred Vision	• Hunger	• Pounding Heart

Mild Hypo

The child can eat and drink and is cooperative

Step 1:

Treat immediately with one of the following (or refer to IHCP):

- Lucozade Original
- Dextrose tablets

Step 2:

Retest Blood Glucose 15 minutes later.

Step 3:

If blood glucose is still below 4mmol/L repeat Step 1 and retest Blood Glucose a further 15 minutes later.

Step 4:

Once blood glucose is 4mmol/L or above, give starchy carbohydrate

e.g. 2 plain biscuits or a glass of milk or a piece of fruit.

Moderate Hypo

The child is conscious but not cooperative

Step 1: Give GlucoGel® as per IHCP

Step 2: Re-test blood glucose 15 minutes later

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If blood glucose is still below 4mmol/L repeat Step 1 and retest blood Glucose a further 15 minutes later.

Step 4: Once blood glucose is 4mmol/L and above give starchy carbohydrate e.g. 2 plain biscuits or a glass of milk or a piece of fruit.

Severe Hypo

The child is unconscious and/or having a seizure and

Step 1: Place child in the recovery position.

Step 2: Ensure the airway is open and that the child is breathing.

Step 3: Call 999 and Stay with the child while someone waits to direct the ambulance and informs parents.

Management of Hyperglycaemia

Hyperglycaemia is higher than the CYP's target blood glucose levels. Further treatment is required when blood glucose levels are 14mmol/L and above.

glycaemia below are those which also precede diagnosis of Type 1 Diabetes:

	• Passing urine frequently

• Tiredness/Lethargy	• Blurred Vision/Headache
• Nausea and Vomiting	• Abdominal Pain
• Weight Loss	• Changes in Behaviour/Personality

Common causes of Hyperglycaemia are:

- *Too much sugary food*
- *Not enough insulin/omission of insulin*
- *Illness/Infection*
- *Stress*
- *Less activity/exercise*

Warning: The above symptoms should also alert staff to consider the possible onset of diabetes in a CYP not yet diagnosed with Type 1 diabetes.

If teaching staff notice that the CYP is more thirsty than usual and frequently going to the toilet, they should report it to the CYP's family so the necessary adjustments can be made to the insulin doses.

Hyperglycaemia Flowchart

('Hyper' or 'High blood glucose')
Blood Glucose 14mmol/l or above
When the blood glucose levels are 14mmol/L and over Ketones must

be checked Signs and symptoms can include:

• Excessive thirst	• Passing urine frequently
• Tiredness/Lethargy	• Blurred Vision/Headache
• Nausea and Vomiting	• Abdominal Pain
• Weight Loss	• Changes in Behaviour/Personality

When the blood glucose levels are 14mmol/L and over Ketones must be checked

High Blood glucose levels (Over 14mmol/L)

NO KETONES

Step 1: Drink sugar free fluids

Step 2: Check blood glucose levels 2 hours later.

Blood Ketones 0.6 – 1.5mmol/L Child well and no vomiting

Step 1: Drink sugar free fluids

Step 2: Correct high blood glucose and ketone levels with corrective dose of insulin detailed in the IHCP.

Step 3: Contact parents

Step 4: Check blood glucose and blood ketone levels 1 – 2hourly

High Blood glucose levels (Over 14mmol/L)

Blood Ketones over 1.5mmol/L and/or unwell/vomiting

Step 1: Contact parents to collect as child SHOULD NOT BE IN SCHOOL.

Step 2: If vomiting and/or having difficulty breathing call **999.**

Sick Day Rules at School

If the CYP with diabetes is vomiting or unable to eat their meals due to nausea, their family should be informed immediately and the CYP should be sent home accompanied by the family.

Whilst waiting for the family to arrive the CYP should not be left alone.

During an illness, such as influenza or tonsillitis, blood glucose levels are likely to rise. Diabetes control can become less stable for a period of time because more insulin is needed to control the blood glucose levels.

To prevent dangerously high blood glucose levels, which if left untreated can lead to a life-threatening condition called ketoacidosis, CYP need careful monitoring and treatment with extra insulin at home.

The signs indicating that ketoacidosis may be developing **include:**

- Rapid, laboured breathing
- Abdominal pain
- Headache
- Sweet acetone (pear drop) smell to the breath
- Nausea and Vomiting
- Severe dehydration

Ketoacidosis can be the mode of presentation in a CYP previously undiagnosed with diabetes and hospitalisation is urgently required.

Emergency Procedures

- As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations.
- All staff should know who is responsible for carrying out emergency procedures.
- The IHCP should include instructions as to how to manage an individual CYP in an emergency and identify who has the responsibility in an emergency.

High blood glucose is associated with poor diabetes control, may also affect brain function but the effects are not as clear cut as with low levels.

Some examination boards allow additional time after the end of the exam, if a mild hypo has occurred immediately before or during an exam. If a hypo does occur, a claim for special consideration can be made.

Warning: After an episode of hypoglycaemia, cognitive ability and brain function may not return to normal for several hours. Moderate-severe hypos may cause prolonged severe headaches, which will further affect performance.

Recommendation: Prior to exams a request for special consideration in relation to the occurrences and effect of high and low blood glucose levels whilst sitting an exam should be made in writing to the educational authority/exam board.

High blood glucose levels may be accompanied by an inability to concentrate and mood changes (especially irritability), headaches, thirst and frequency of urination.