



Westbourne
House School

CHICHESTER

DIABETIC POLICY & PROTOCOL

This is a medical protocol of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage, as well as provision for boarding, and should be read in conjunction with the school's First Aid Policy

This document describes the school's approach to diabetes. The Policy and Protocol is intended as guidance for all staff and for awareness of parents and pupils.

Diabetes is a condition where the level of glucose in the blood rises. This is due to the body being unable to make insulin (Type 1) or the volume insulin isn't sufficient/working as it should (Type 2). Type 1 is most common in children and there are over 35,000 children in the UK living with Type 1 diabetes. It is a serious and lifelong condition. Children will need to have daily insulin injections, monitor their blood glucose level and eat regularly according to their personal dietary plan. Children and adults with Type 2 diabetes are usually treated by diet and exercise alone.

Pupils with diabetes are welcome at Westbourne House School, both as day and boarding pupils. They will be encouraged to take part in all activities in the school, including sport and school trips. No pupil with diabetes will be excluded from any part of the school curriculum.

Staff with diabetes should make their condition known and provide a care plan with support of the medical team. Pupils and staff should be made aware of what to do if the member of staff is unwell.

The School Nurse will work closely with the pupils and their parents when compiling the individual health care plan as each child will have individual needs, symptoms and prescribed treatment.

With the pupils' and parents' permission, their peer group will be advised of signs and symptoms to watch for. The relevant staff will automatically be given this information.

Staff will receive regular updates on how to manage pupils with diabetes.

Spare insulin, glucagon injection and hypo-stop will be kept for day pupils in the medical centre if supplied by the parents. Glucogel prescribed to the pupil will be kept in the medical centre with the emergency medications along with dextrose tablets. These will be sent with a responsible adult for all off site activities and always readily available. Insulin will be kept in a locked medicine fridge.

All staff will have access to the protocol below containing information on how to support a pupil who is having a hypoglycaemic episode. This will be via the shared Google Drive.

Pupils with diabetes will never be prevented from eating or drinking to prevent or treat a hypoglycaemic episode. Nor will they ever be prevented from testing their blood sugar or taking insulin. They will be encouraged to look after their equipment independently depending on their age and ability.

The dining room will also be notified of any known diabetic pupils by way of the dietary requirements list. They are also supplied with photographs of these pupils to ensure correct identification.

Staff will be notified at the Wednesday staff meeting of any newly diagnosed or new pupils with diabetes. The School Nurse should be informed immediately.

DIABETIC PROTOCOL

Any pupil living with diabetes will have an Individual Health Care Plan (IHCP) written by the School Nurse. It will be created based on Hospital Care Plans, evidence-based practice and the child's individual preferences. The IHCP must be agreed and signed by the parents.

Children with type 1 diabetes must have daily injections of insulin to keep the blood glucose level within normal ranges (4-7mmol/L). Insulin is either given by injection (insulin pen) or via a pump. It may be necessary for an adult to administer these injections, although some children will self-administer. Most older children can manage their own injections, but supervision may be required by the School Nurse or matron in the Medical Centre.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten.

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 the school lunch break, before games or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves. However younger children may need the School Nurse or matron to carry out the test and/or interpret test results.

Staff will be trained by an appropriate health professional if required to test blood sugars (BM's) or administer insulin. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent. The administration of insulin requires two members of staff to check dosage before administering.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Special arrangements for pupils with diabetes may need to be made as regards the timings of the meals.

Physical Activity

Children with diabetes will need to plan for physical activity because all forms of exercise use up glucose. This can mean that their blood sugar levels fall too low, and they may have a hypoglycaemic episode. Similarly, if their blood glucose is high before exercise, then physical activity may make it rise higher and they may have a hyperglycaemic episode.

Because of this, games staff must be aware of IHCP and recognise that the pupil may need to have a snack before, during or after.

If a pupil has an insulin pump, they may need to be disconnected before any water-based activity.

If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level falls too low.

Hypoglycaemia

The danger for a diabetic is a low blood sugar level (below 4mmol/L). This is caused either by too much insulin, not enough carbohydrate (missed or delayed meal) or too much exercise. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar:

Symptoms

- Hunger
- Sweating
- Tired
- Becoming pale
- Blurred vision
- Shaking or trembling
- Mood changes, especially angry or aggressive behaviour
- Lack of concentration
- Irritability
- Dizziness

See the pupil's IHCP for details of their specific symptoms.

Management

****Inform School Nurse immediately****

If a pupil has a hypo, it is very important that they are not left alone

- Check the pupil's blood sugar level (when possible).

- Immediately give them something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets (stored in Medical Centre), fruit juice or sweets such as jelly babies.
- After 10–15 minutes, check the blood sugar level again. If the level is still low, repeat **step 2**.
- Check the blood sugar level again in another 20–30 minutes to make sure that they have returned to normal.
- Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due. The pupil's parent, carer or Paediatric Diabetes Specialist Nurse will have informed us if they need a follow-on snack, this will be specified in their care plan.

If the pupil becomes unconscious

Place the pupil in the recovery position with their head tilted back and call an ambulance (ensure you inform them that the child has type 1 diabetes).

- Do not try to give anything to swallow.
- If in school call the School Nurse who may be able to give a glucagon injection.
- Follow normal algorithm for unconscious casualty.

Hyperglycaemia

Some children may experience **hyperglycaemia** (high glucose level) due to:

- missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- exercise
- has a problem with their pump.

Each pupil will have a different normal blood sugar range set out by their care provider.

Hyperglycaemia may result in a greater than usual need to go to the toilet and/or excessive thirst. Tiredness and weight loss may indicate poor diabetic control in general, and staff must draw any such signs to the School Nurses attention, who will liaise with the parents.

The level of ketones in the blood should be tested if hyperglycaemic. Up to 0.6mmol/L is considered normal range. If between 0.6-1.5 mmol/L then test 2 hourly and offer sugar free fluids. If between 1.6mmol/L and 3mmol/L contact parent and GP for advice. If 3.0mmol/L or over the pupil might be experiencing Diabetic Ketoacidosis and needs to be reviewed urgently in hospital (See below).

Diabetic Ketoacidosis (DKA)

DKA is a medical emergency

It happens when ketones are released in the body following a severe lack of insulin. These ketones cause the blood to become acidic.

Signs/symptoms:

- nausea or vomiting
- abdominal pain
- hyperventilation
- dehydration
- reduced level of consciousness.

When DKA is suspected in a child with known diabetes, their blood ketones should be measured. The pupil should be sent to hospital immediately if:

- their blood ketones are elevated (over 3.0 mmol/L) **OR**
- a method for measuring their blood ketones is not available.

School trips/Overnight stays/ Boarding

A care plan will be shared in advance with the relevant members of staff and the School Nurse will ensure that the staff member in attendance is trained and competent with either supervising/administering insulin injection. They will also be made fully aware of the emergency plan in the event of a hypoglycaemic/hyperglycaemic episode. Parents will be given the opportunity to discuss the additional care planning to ensure that they are confident it reflects the pupils needs.

Dietary needs will be reviewed to ensure that the pupil has the opportunity to have a snack when required and sufficient snacks are available at all times.

Exams

The School Nurse and staff will liaise with the parents regarding preparation for exams. A blood glucose monitor, and hypoglycaemia treatment will need to be available in the exam setting and any exam invigilators made aware of the pupil's care plan.

Monitoring and review

The school will review and monitor the effectiveness and compliance of this protocol (in conjunction the school's First Aid Policy). This protocol will be kept up-to-date and amended to take account of legislative and regulatory changes.

Last Review Date	Next Review Date	Reviewer(s)
September 2025	September 2026	School Nurse