



Scoil Phádraic Cailíní, Donabate, Co. Dublin

Diabetes Policy

October 2021

*The Policy outlined below is purely a **GENERIC POLICY** and absolutely **NOT SPECIFIC** to any individual. Each child has his/her own unique Diabetes/Health Care Plan containing pertinent medical information relevant solely and exclusively to the particular child in question.*

Policy Objectives

The prime objective of this policy is to ensure that a child's diabetes is managed in the school in such a manner as to ensure that she participates fully in the life of the school and benefits fully from the educational opportunities offered. This includes treating the child the same as other children, as much as possible, and includes developing her ability to monitor and manage her condition.

The policy aims to ensure that clear and safe procedures are in place for the child as part of her daily routine.

The policy aims to ensure that clear, safe and medically sound procedures are in place in the event of the child entering a state of hypoglycaemia or a state of hyperglycaemia.

The policy aims to ensure that all those involved in the management of the child's diabetes are fully aware of this policy and of the procedures contained within it. This includes the child's parents/guardians who retain shared responsibility for the health of their child while she is in school.

This policy details an Indemnity which indemnifies the Board of Management and school staff in relation to medical procedures or the administration of medicines as they might apply to the child.

The policy aims to ensure that while supporting the child with diabetes and her family, the school can ensure the safety and welfare of all pupils.

Actions for the Board of Management

The Board of Management has responsibility to:

- Develop school guidelines for diabetes management during school and school outings.
- Ensure substitute personnel are aware of the needs of a student with diabetes and the Diabetes Emergency Plan.
- Arrange for diabetes management training of staff members with responsibility for students with diabetes.
- Alert all school related staff members who teach or supervise a student with diabetes. Ensure that they are familiar with emergency procedures.
- Have sufficient knowledge of diabetes to make informed decisions regarding the safety of students.
- Support and implement the Healthcare Plan and Emergency Diabetes Plan agreed with the school and the student's parents/guardians.

Actions for teachers

The teachers have a responsibility to:

- Participate in the school meeting with parents/guardians and all relevant staff.
- Be aware of the child's Healthcare Plan, including a specific Diabetes Emergency Plan for the student.
- Request additional staff support when the child records blood sugar levels outside of the normal range.
- Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school through the homework diary.
- Provide a supportive environment for the child to manage their diabetes effectively and safely at school. This may include unrestricted access to the bathroom, drinking water, snacks, blood glucose monitoring and adequate time for necessary food eaten at break times.
- Ensure the hypo kit is in a safe place in the classroom and available to staff in the event of hypoglycaemia. This hypo kit will be provided by the parent and is the responsibility of the parent.
- Encourage the child with diabetes to be responsible and have the appropriate medication or food with them during any exercise and are allowed to take it when needed during the school day.
- Follow the parent/guardian guidance when it comes to dealing with unplanned vigorous physical activity by allowing an extra snack,

provided by the parents to be eaten, for every 30 - 40 minutes of activity.

- Provide information for substitute teachers that communicate the day-to-day needs of the student with diabetes and the Diabetes Emergency Plan.
- Attend diabetes management training.

Actions for parents/guardians

The parents/guardians of a student with diabetes have a responsibility to:

- Inform the Board of Management, School Principal, and the teacher that their child has diabetes.
- Understand that diabetes is a medical condition and comes under the remit of Health and Safety. It does not come under Special Educational Needs as directed by the school's NCSE Special Educational Needs Officer Mark Reddy.
- The parents/guardians recognise that management of their child's diabetes is a partnership between them and school management with shared responsibility for the child's diabetes while she is at school.
- Acknowledges that school staff are not trained medical professionals and no staff member is obliged to administer medication to a child.
- The parent/guardian is required by the school to manage the child's diabetes at home for a minimum period of 1 week before the child returns to school upon her new diagnosis.
- Return the child to school following her diagnosis only when the school, in consultation with the parent, has had the opportunity to prepare and agree a plan to manage the safe return of the child to school, with her new medical requirements and allowing for staff training.
- Attend and participate in the school meeting to develop a written Healthcare Plan to meet their child's needs.
- Provide accurate and up to date emergency contact details and participate in the development of a Diabetes Emergency Plan for their child within the school team.
- Inform school staff of any changes in their child's health status in writing.
- Provide the school with any necessary equipment such as hypo kit, and replenish supplies as needed. The parents must provide the school with extra supplies, such as hypo kit, extra test strips, spare insulin pen, batteries for pump etc. All supplies must be in date and this is the responsibility of the parents/guardians.

- If their child is having abnormally high BGL over a period of time, it is their responsibility to check ketone levels and inform the school of these levels.
- Parents are required to ensure that their child's blood sugar levels are at a safe level before sending them to school each day. A child should not be sent to school where their blood sugar levels are recording outside the normal range. The school will be working under the assumption that upon the child's arrival at school her BSL are within the normal range.
- If the child experiences a low or high in the morning and her BSL returns to within the normal range and she feels well, only then should she be sent to school. The parent must email (not phone) the school to inform the school that she has had a low or high in the morning.
- Parents are required to collect their child promptly from school at any time when the staff no longer feel confident assuming responsibility for their child's health, as the staff are not medically trained. This decision lies with the school Principal or school management team.
- Ensure that their child's medication is labelled with the child's name.
- Where a child requires the administration of insulin through injection by a member of staff, this will only be carried out where there is staff willing and/or available to carry out this procedure. Otherwise, a parent will be required to come to the school to carry out same. The school's Administration of Medication Policy supports self-administration of medicine under the supervision of a responsible adult. The parent will be required to support their child in learning to self-monitor their blood sugar levels and self-administer their medication.
- Ensure medication and all necessary equipment is within the expiry date.
- Bring medication home on the last day of the school year and return it to the school at the beginning of the new school year.
- Provide the school with appropriate treats for their child on treat days.
- If a school trip is 1 hour or more away, it is vital that one parent/guardian will attend in a separate car. This may also apply if the child's BGL has been irregular in the days prior to the trip. The parent may be required to attend the school tour to support the management of their child's diabetes.

Policy Stakeholders

The following are the current stakeholders in this policy:

- **The child**
- **Parents/guardians**
- **School**
 - The Board of Management
 - Principal
 - Class teacher
 - supervising teachers (on yard etc)
 - ancillary staff
- **Medical Professionals**
- **GP**

Conditions under which the child is accepted as a pupil in the school

- The Department of Education requires that the school manage this condition with existing staff (i.e. class teacher, school secretary as well as, where necessary, parental involvement (Mark Reddy, SENO). Thus no additional staff is allocated by the Department of Education to the school because of a diagnosis of Diabetes and children with diabetes have no automatic entitlement to access to SNA support.
- The school may choose to release some existing SNA support, if available, to support the child in the initial phase of a new diagnosis. This is completely dependent on the overall needs of the entire school population and is at the discretion of school management. Where this is the case, this will be for a limited short period and will be phased out to support the child's independent management of her condition, under the supervision of the class teacher. This is the recommendation of the Diabetes Federation of Ireland.
- Once the initial phase of settling the child back into school with her new diagnosis passes (4 weeks), the school will adjust the child's individual plan to support increased independence in managing the condition. The child will remain in her class during the times when she must check her blood sugar levels and record the levels in her diary. This is the recommendation of the Diabetes Federation of Ireland. The teacher then reviews the result. Where the result is outside the normal levels the teacher may request support from additional staff if necessary and if

available. In the instance, where additional school personnel are not available the parent/guardian will be required to come to the school.

- The Diabetes Federation of Ireland advocates that it is preferable that the insulin injection is taken/administered in the student's immediate environment. In the initial phase willing staff or the parent/guardian may support the child with the insulin injection in the First Aid space. The Diabetes Federation of Ireland recommends that the child carries out the injection discreetly at a table in the classroom, this will be overseen by a staff member. Where the parent and child are resistant to the child administering the injection herself and if there is a willing staff member, the staff member may administer the injection for a limited period of time (the length of this period will be determined by the age of the child, the newness of the diagnosis and the availability of staff). Where there is no staff member available to administer the injection, the parent/guardian will be required to come to the school and administer the injection. The needs of the pupils of the school change and while initially the school may be able to release staff support to a child with diabetes, this may not continue to be available and the school reserves the right to require the parent/guardian to come to the school and administer insulin, where the school has not been granted any additional resources. The school requires the parent to support their child in practicing self-administration of her injection especially where an insulin pump will not be fitted within 6 months of the diagnosis. The goal is to reintegrate the child fully back into the class with the child managing their diabetes with the support and supervision of the class teacher.
- Please note that secondary pupils are not provided with access to school personnel nor are secondary school staff allowed to administer medication, therefore primary school pupils need to achieve a full level of independence involving self-monitoring and self-administration.
- The Health Service Executive co-operates with the school in the management of the child's diabetes during school hours by providing training and advice. External medical staff however have no role or authority in the allocation of personnel resources in any school.

- All schools' personnel resources have been frozen by the Department of Education. The Principal and management of the school must meet the needs of all children in the school. The Department of Education does not provide for additional personnel on the basis of a diagnosis of diabetes. External medical professionals are welcome to contact the school to offer support to the school by way of offering staff training or information on the condition. Under *GDPR* external medical professionals do not have access to information regarding the care needs of all other pupils in the school and therefore are not in a position to advise schools on the allocation of school personnel to support pupils.
- Parents/guardians must be contactable by mobile phone and must be available to come to the school promptly in the event that they are required to deal with the child's treatment.
- The child's BSLs are not required to be checked at the end of the school day so school staff are not in a position to, nor are they medically qualified to, assess whether the child is medically fit to leave school unaccompanied. For the health and safety of the child, the parent/guardian must provide adult supervision for their child upon their dismissal from school.
- The child can be enrolled in the school where the Board of Management is satisfied that the school has the facilities and support to safely manage the child's diabetes while she is at school.
- The child's parent/guardian will demonstrate the use of medicines/injections to the relevant staff dealing with the child during the school year.
- In the event of the child's medical care plan being reviewed or changed, the child's parent/guardian will be required to attend the school daily for a period of time, until staff are familiar with the procedures and the Principal and school management are satisfied that this support is no longer needed.

Definitions in relation to child's diabetes:

BSL	Blood Sugar Level
Normal BSL range	5 to 10
Mild Hypoglycaemia	<4
Severe Hypoglycaemia	<2
Mild Hyperglycaemia	>10
Severe Hyperglycaemia	>14
Insulin Pump	Yes/No
Insulin Type	
Carb Count	The amount of carbohydrates in (child's name)'s food

Insulin dose: In the event that the child will require insulin injections during the day, the parents will determine the amount of insulin required to deal with the carbohydrate count in child's food. Parents/guardians will calculate this figure and write it down each day, in the child's diary, for guidance. Verbal instructions given to the child are not sufficient. Any necessary corrections to correct high blood sugars will be advised by the parents. Any changes to these correction figures must be advised to the school by the parents/guardians in writing. The child will record this figure in the record book under supervision.

Symptoms relating to Hypoglycaemia

The following may be/can be symptoms displayed by a child in the event of entering a state of Hypoglycaemia:

- **Mild Hypoglycaemia**

Pale, hungry, in a quiet mood, lethargic.

- **Moderate Hypoglycaemia**

Pale, very tired.

- **Severe Hypoglycaemia (Emergency)**

As above, but BSL will be lower.

Symptoms relating to Hyperglycaemia

The following may be/can be symptoms displayed by a child in the event of entering a state of **Hyperglycaemia**:

- **Mild Hyperglycaemia**

There are often no symptoms.

- **Moderate Hyperglycaemia**

Slightly grumpy, lack of concentration, tired, thirsty, going to the toilet frequently.

- **Severe Hyperglycaemia (Emergency)**

Serious signs requiring immediate attention: nausea/vomiting, lethargy, deep and rapid breathing, sweet smell from breath, rapid heartbeat.

Procedure for checking BSL

- The child will normally check her BSL twice a day - prior to consuming meals.
- Further checks will be carried out at the discretion of school staff.
- The BSL check will be carried out by the child, in the presence of a member of staff. Senior pupils (5th & 6th class) who prefer to check their BSL discreetly at their table, record the result in their diary and have the class teacher check the diary. This also works for pupils with access to the BSL mobile phone app.
In the event of a staff member not being available on a particular day, the child's parent/guardian will be required to come to the school and check the BSL and administer the insulin.
- The result of the BSL will be recorded in the child's journal.

Procedure for the administration of food and insulin bolus under normal conditions

- The child will go to the designated wet area in the classroom and wash her hands without soap. She will check her blood sugar levels, under the supervision of the class teacher and record it in her diary (in the initial phase the school may opt to get other school staff to carry out this supervision, if available)
- The teacher will allow the child to have their food immediately after BSL check.

- Adequate time should be allowed for all of the above, and the child is responsible for showing the class teacher that all the snack/lunch is consumed.
- The teacher will, within what is reasonable to expect of a person with responsibility for a whole class of children, try and be aware of and alert to any changes that might indicate the onset of Hypoglycaemia/Hypoglycaemia.

Procedure to be carried out in the event of the child entering a mild state of Hypoglycaemia (BSL <4)

Note: the child may not feel the warning signs of a Hypo.

Note: Never leave the child without adult supervision during a Hypo event.

- **Step 1:** The parent must email the school in the morning if her child has experienced a BLS of <4 that morning. The child should only be sent to school if the BSL has returned to within the normal range. In the event of a BSL of <4, the class teacher will contact the school office and request support from an additional school staff member. The staff member will follow the child's Health Care Plan to raise the BSL.
- Wait 15 minutes, check BSL again.
- If BSL has returned to normal, the child may require a snack, depending on parent/guardian guidelines, and can continue with normal activities.
- **Step 2:** If BSL is still <4, the Staff member will again follow the child's Health Care Plan to raise the BSL.
- Wait 15 minutes, recheck BSL.
- If BSL has returned to normal, the child can have a snack and continue with normal activities. Inform the parents/guardians.
- **Step 3:** If BSL is still <4, the staff member will follow the child's Health Care Plan, at this stage, the child's parents/guardians should be on the way to collect the child. If in doubt, and in the absence of contact with the parents, the school will ring an ambulance. The school retains the right to send the child home at any of the above stages, if necessary, to ensure the health and safety of the child and that of all children and staff in the school.

Where a child experiences MORE THAN 2 lows in a day the child needs to go home (unusual to have more than 2 in a day).

I.e. treat the first low, treat the second low, on the third low send the child home.

Again, the school reserves the right to send the child home at any stage.

If the child feels unwell the action that school normally takes when a child reports as unwell, is to send them home, the same will be the case here.

Procedure to be carried out in the event of the child entering a severe state of Hypoglycaemia (BSL <2 even after following above steps)

- In the event of BSL of <2 the child will be put in the recovery position, if necessary. Their breathing will be checked. The emergency services will be phoned at this stage.
- In the event that a child's parents/guardians have arrived in the school, parent/guardian will prepare and administer GlucaGen injection.
- In the event that the parent is not contactable or cannot get to the school quickly enough, a member of school staff may prepare and administer the GlucaGen injection. This depends on which member of staff is trained and confident in preparing and administering the GlucaGen injection in the school.
- The child will be continuously watched for the symptoms of continued Hypoglycaemia, as advised by the child's parents/guardians.
- Re-check BSL after 15 minutes.
- If the BSL is normal inform the parents/guardians of the result and the child will be sent home.

Procedure to be carried out in the event of the child entering a mild state of Hyperglycaemia - (BSL >10)

- In the event of a BSL of >10 the class teacher will ensure that the child has unrestricted access to water and the toilet.

Procedure to be carried out in the event of the child entering a severe state of Hyperglycaemia (BSL >14)

- In the event of a BSL of >14 , the child may need extra insulin. The parent/guardian will be contacted. The pupil's individual plan will be reviewed if this happens frequently/regularly. Give the child unrestricted access to water and the toilet.

- If the BSL remains abnormally high over a period of time it is the parent/guardian's responsibility to check ketone levels and inform the school of this.

Procedure to be carried out when making phone calls in the event of an emergency in relation to the child

- Two calls will be made to the child's parent/guardian, on the phone numbers provided in the healthcare plan. If they cannot be contacted, the school will try contacting the diabetes nurse in Temple Street.
- Next the school will call the ambulance.
- The school reserves the right to call an ambulance at any time for the child when they are concerned about the child's health status.

Review

Ratified by the Board of Management of Scoil Phádraic Cailíni on 6th October 2021. To be reviewed every 3 years



Signed by:

Lisa English (Chairperson)



Signed by:

Ciara Greene (Principal)

Date: 6th October 2021