

SCHOOL GUIDE


SUPPORTING PEOPLE
WITH TYPE 1 DIABETES
IN SCHOOLS AND
EDUCATION SETTINGS.
#TALKTYPE1



TYPE 1 DIABETES CONTINUES TO BE AN OFTEN NEGLECTED AND MISUNDERSTOOD ISSUE AMONG CHILDREN AND SCHOOLS IN THE UK.

This guide will help to make sure you are equipped with the information you need to understand the condition and safeguard children in your school. We hope you find this information useful and will share it with the rest of your staff as appropriate.

The information and guidance is of a general nature only. Specific information should ALWAYS be sought from the child, their parents and a diabetes specialist nurse.



THE FACTS ABOUT TYPE 1 DIABETES

- Type 1 diabetes affects around 400,000 people in the UK, approximately 29,000 of them are children.
- Incidence is increasing by about four per cent each year particularly in children under five. There has been a five-fold increase in this age group in the last 20 years.
- Type 1 diabetes is when the body can't regulate blood glucose levels on its own.
- It happens because the body's own immune system attacks cells in the pancreas that produces insulin. It can occur at any age, but is often diagnosed during childhood. There is currently no cure.
- Nothing the child or their parents did or didn't do could have prevented their diagnosis.
- Children with type 1 diabetes rely on multiple daily insulin injections or pump infusions every day, just to stay alive.
- A child diagnosed with type 1 diabetes at the age of five faces up to 19,000 injections and 50,000 finger prick tests by the time they're 18.
- Type 1 diabetes should not be confused with type 2 diabetes, which is usually diagnosed in adults and can be associated with lifestyle factors, such as body weight. Type 2 diabetes can sometimes be controlled in its early stages by a healthy diet and lifestyle, it also needs careful monitoring and usually needs other treatments, including tablets and sometimes even insulin injections later on.

TYPE 1 DIABETES SHOULD NOT PREVENT ANYONE FROM FULLY PARTICIPATING.

Opportunities in all academic, social and sporting activities should be encouraged, as development of self-esteem and confidence in such activities can have positive effects on the management of type 1 diabetes.

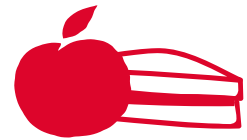
For more information visit gov.uk and search 'school pupils with medical conditions'.



THINGS YOU NEED TO KNOW

- Children of different ages will need different levels of support to test their blood glucose (sugar) levels, take insulin injections and pump infusions.
 - Maintaining good blood glucose levels is a balancing act and it's sometimes extremely difficult to avoid swings between hyperglycaemia (high blood glucose) and hypoglycaemia (low blood glucose).
 - Having blood glucose levels too high for a long period of time risks causing future complications, while low blood glucose levels can cause dangerous 'hypos'.
 - The general target ranges are between 4-7 mmol/L* before a meal and under 9 mmol/L two hours afterwards.
 - Check with the child and their parents what their individual targets are. Children may not expect to achieve targets all the time, but it's important to try to keep good type 1 diabetes control as much as possible.
- *Millimoles per litre is a measurement of the concentration of a substance in a specific amount of liquid. Numbers taken from NICE guidelines.

THE RULE OF THUMB



**FOOD
MAKES BLOOD
GLUCOSE
LEVELS RISE**



**EXERCISE
& INSULIN
MAKE BLOOD
GLUCOSE
LEVELS FALL**

↑ HYPERS

SYMPTOMS INCLUDE:

- Increased thirst
- Passing urine more frequently
- Headaches
- Lethargy
- Abdominal pain
- Unexplained weight loss

HYPERS MAY HAPPEN BECAUSE:

- An insulin dose has been missed
- Too little insulin has been given
- Too much sugary or starchy food has been eaten
- A hypo has been over-treated
- Stress
- They're unwell

“ THE MOST IMPORTANT THING FOR THE SCHOOL TO DO IS TO TREAT ELLIS NORMALLY. WHILST THE STAFF PLAY DOWN TO ELLIS THAT HE ISN'T ANY DIFFERENT FROM THE OTHER CHILDREN, I AM HAPPY IN THE KNOWLEDGE THAT THEY ARE ACUTELY AWARE HIS EXTRA CARE IS ESSENTIAL AND THEY ARE COMPLETELY ON THE BALL WITH IT. ”

Julie Edwards
mother of Ellis, age six



WHAT TO DO

If a child's blood glucose level is high for just a short time, emergency treatment won't be necessary. If it stays high, action needs to be taken to prevent diabetic ketoacidosis (DKA). This is when a severe lack of insulin upsets the body's normal chemical balance and causes ketones to be produced.

Ketones are acids that can build up in the blood and urine. In high levels these ketones are poisonous to the body and can cause long-term damage. Children need to drink lots of sugar-free fluids and may need extra insulin.

Talk to the child and their parents about how they recognise and treat a hyper.

Over time the effect of periods of high blood glucose can cause damage to blood vessels and organs in the body, leading to long-term complications.

↓ HYPOS

SYMPTOMS INCLUDE:

- Sweating
- Drowsiness
- Glazed eyes
- Lack of concentration
- Aggression or tearfulness
- Hunger
- Going pale

Children may not always notice that they are hypo and these symptoms may be noticed by someone else first.

HYPOS MAY HAPPEN BECAUSE:

- Too much insulin has been administered
- A meal or snack has been delayed or missed
- They haven't eaten enough carbohydrate
- They have done unplanned exercise

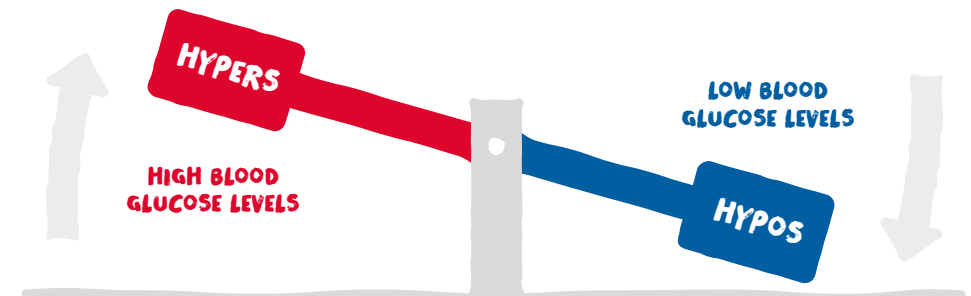
Sometimes there is just no obvious cause.



WHAT TO DO

Make sure the child sits down and eats or drinks something sugary, such as glucose tablets, jelly babies, fruit juice or a sugary soft drink (not diet or sugar free). Ensure a snack like this is always kept close to hand or can be brought to them. This quick-acting carbohydrate will raise their blood glucose levels quickly.

The amount needed will vary from child to child. Ideally the student should also carry some form of glucose with them in their bag or pocket. In time some children will learn to recognise and treat their own hypos but may still need support from adults and peers around them who may recognise their symptoms before they do.





LONG-TERM EFFECTS

TYPE 1 DIABETES IS A LIFELONG CONDITION THAT NEEDS DAILY MANAGEMENT.

It also carries a risk of long-term complications, such as heart disease or damage to the kidneys, eyes or nerves.

Medical research has shown that these complications are much less likely in people who keep their blood glucose levels as close to their target as possible.

We fund vital research to cure, treat and prevent type 1 diabetes, and support people affected by type 1 diabetes.



TOP TIPS FOR MANAGEMENT

BE PREPARED

Speak to the child's parents and healthcare team to agree an action plan before they start/return to school following a diagnosis.

This should include a school contact for the child and their family e.g. the class teacher or first aider.

Ideally the contact will already have a relationship with the family. Relevant staff should be provided with training, if needed.

We have worked with the Children and Young People Diabetes Network and Virtual College to create a CPD accredited e-learning course.

To access this free course please go to jdrf.org.uk/schools

The child's diabetes healthcare team or nurse may be able to suggest other suitable training too.



COMMUNICATION IS KEY

BUILD A GOOD RELATIONSHIP WITH BOTH THE CHILD AND THEIR FAMILY

They will all need reassurance that he or she will be well cared for in school and be treated equally to other children. If they have confidence in you from the start, the child is much more likely to share their concerns with you.

MEDICAL INFORMATION IS CONFIDENTIAL

Talk to the child or parent to agree which school staff should/need to be aware of the child's condition. Remember, if new staff are appointed, details of the child may need to be relayed to them. Agree with the family how classmates should be made aware of the child's condition.

The child should be treated the same as others but classmates should be aware of key differences, for example the importance of maintaining blood glucose (sugar) levels. See your curriculum-linked activity plans and parent information guides to help you raise awareness and manage this process. If the child has just been diagnosed, they may have had time off school and feel nervous about returning.

This might be an ideal time to introduce some discussion in the class about the condition. It may be useful to raise awareness of type 1 diabetes through an assembly before the child returns to school. A template for this is included in your pack, or you can download it at jdrf.org.uk/schools



MANAGEMENT & MEDICATION

PLANNING

You'll need to agree which staff members are willing or able to administer medication and oversee finger prick blood testing. Ensure they are fully aware of the correct procedures for blood glucose monitoring, where the hypo snack box is and the emergency procedures.

This information should be displayed in a clear and visible space and copies should be kept in the child's class register. Ideally, the school should have a spare blood-testing kit on site, with a facility for discarding needles. The child's diabetes specialist nurse may be able to assist with this.

FURTHER HELP AND RESOURCES FOR SCHOOLS

- Supporting pupils at schools with medical conditions (GOV updated 2015).
- Caring for children in education settings e-learning (CYPDN, JDRF & Virtual College 2016).
- Managing Medicines in School and Early Years Settings (DfES 2005).
- Health Lives, Brighter Futures (DCSF and DH 2009).
- Department of Health report Making Every Young Person with Diabetes Matter (DH 2007).
- Including me: managing complex health needs in schools and early years settings (sister document to Managing Medicines in Schools and Early Years Settings 2005).

For links visit jdrf.org.uk/schools

YOUR SCHOOL CAN HELP CREATE A WORLD WITHOUT TYPE 1 DIABETES

Schools up and down the country are raising money to help fund our life-changing research. We have a whole host of fun activities and ideas for you to try at school or you can bring your own idea to life.

Raising money is a great way for the whole school to show support for your pupils who have type 1 diabetes and raise awareness. Whatever you decide to do, we'll be on hand to support you with anything you need to make your fundraising a big success!

Find out more and get fundraising ideas at jdrf.org.uk/schoolfundraising

This guide has been created by JDRF with the help of practicing teachers, school nurses and families affected by type 1 diabetes.

Lilly and JDRF have collaborated to produce the schools pack. The schools pack has been developed by JDRF and supported by Lilly, who has reviewed the content for medical accuracy only.

Lilly | DIABETES