

HIGHVIEW COLLEGE

DIABETES MANAGEMENT POLICY



Person Responsible – Director of Pastoral Care

Rationale

Most students with diabetes can enjoy and participate in school life and curriculum to the full. Some students could require additional support from school staff to manage their diabetes and while attendance at school should not be an issue, they may require some time away from school to attend medical appointments.

Aims

- To provide increased levels of support for the medical and educational needs of students with diabetes in order to improve their educational progress and achievement.
- To raise awareness of diabetes and to follow individual management plans as set out by medical specialists.

Implementation

- It is essential that all students with diabetes have a current individual diabetes management plan while they are at school.
- Development of this plan involves consultation between students, parents(s)/or guardians, diabetes medical support teams and relevant school staff.
- The plan should have a photograph of the student and address all requirements relating to the student's care and diabetes management for all school activities, including:
 - Emergency procedures e.g. in case of hypoglycaemia "Hypo" (low blood glucose level)
 - Identifying what diabetes health tasks the student can undertake themselves and those requiring school staff supervision and or action (i.e. blood glucose checks, insulin administration)
 - Provision for storage and taking insulin
 - Provision for school excursions and other extracurricular activities, including regular PE classes, sports days and school camps. Camps require a separate plan specific to each camp
 - Linking the school community to diabetes information and seminars for teachers
 - Provision for review of individual management plans at least annually, or when there is a change in the student's condition, treatment and/or medication.
- Whilst most students are able to manage their diabetes by themselves, some students may need supervision to ensure they are administering their insulin in the correct manner and at the correct time. Whilst students will always administer injections themselves, office staff may monitor the process. This will only happen following communication between the Deputy Principal – Pastoral Care and parents or guardians.

Additional information

APPENDIX 1 What is diabetes?

APPENDIX 2 Potential problems associated with blood glucose levels

Policy developed by Aileen Thomas – 2013

Policy updated by Marion Martin – 2016

APPENDIX 1: WHAT IS DIABETES?

Type 1 diabetes is an auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via multiple injections or a continuous infusion via a pump. Without insulin treatment type 1 diabetes is potentially life threatening.

Type 2 diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and life style and/or medication that could include tablets and/or insulin.

APPENDIX 2

POTENTIAL PROBLEMS ASSOCIATED WITH BLOOD GLUCOSE LEVELS

Hypoglycaemia or hypo (low blood glucose level)

Hypoglycaemia is a blood glucose level that is lower than normal, ie. below 4mmol/L, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/L and include sweating, tremor, headache, pallor, poor co-ordination and mood changes.

Hypoglycaemia can also impair concentration, behaviour and attention and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. It can be caused by:

- too much insulin
- delaying a meal
- not enough food
- unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.

The student's diabetes management plan will provide guidance for schools in preventing and treating a 'hypo'.

Hyperglycaemia (high blood glucose levels)

Hyperglycaemia occurs when the blood glucose levels rises above 15 mmol/L.

Hyperglycaemia symptoms can include tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning. It can be caused by:

- insufficient insulin
- too much food
- common illness such as a cold
- stress.