Diabetes

1. Notification

The parent/carer of the pupil should be advised in school handbook and enrolment form of the need to notify the school that the pupil has Type 1 diabetes (diabetes). Pupils who have diabetes are at risk of variable blood glucose and will need treatment in school with insulin.

2. School Healthcare Plan

Form 9: School Healthcare Plan - Diabetes '670G/780g' Insulin Pump and, if required, supplementary guide for school's booklet for 670g/780g.

Form 9: School Healthcare Plan – Diabetes insulin injection

OR

Form 9: School Healthcare Plan - Diabetes 'Omnipod Dash or Omnipod 5' Insulin Pump

<u>OR</u>

Form 9: School Healthcare Plan - Diabetes <u>'T: Slim X2'</u> Insulin Pump and, if required, supplementary Control IQ health care plan, Diabetes Ypsomed with CamAPS, Diabetes Dana I with CamAPS.

should be completed for all pupils who have diabetes by the parent/carer and the school. Support in completing the school healthcare plan can be sought through the Diabetes Nurse Specialists. The plan should be reviewed every year.

3. Awareness/Continuing Professional Development - Requirements for all Schools

Professional Development Directory. For further details on CPD, see section 4.3.

The head teacher should ensure that all teaching and support staff are aware of these procedures pertaining to a pupil's condition and the particulars of any needs that may arise in school. The head teacher is responsible for ensuring all school staff are aware of the arrangements to manage a medical emergency. The head teacher should encourage staff to volunteer to undertake the administration of appropriate emergency treatments. The head teacher should enable these staff to attend the earliest available ASL: Diabetes – Managing Diabetes in Educational Establishments session available through the Continuing

The Specialist Diabetes Nurse will visit the schools of pupils newly diagnosed with diabetes and give advice and information to staff directly involved with that pupil.

4. The School Curriculum

Diabetes should not impede any area of the curriculum for pupils in school. Arrangements must be made to allow pupils with diabetes to carry out blood glucose testing, treat hypoglycaemia (low blood glucose), administer insulin and eat additional carbohydrate if required. A pupil with diabetes must not be delayed from receiving a meal when insulin has been given.

Pupils with diabetes should not be prevented from attending residential excursions. The Diabetes Nurse Specialist should be contacted on 0131 312 0460 prior to residential excursions.

5. Review of School Healthcare Plans

School Healthcare Plans will be reviewed annually and if there are any changes in treatment. If there are no changes, the Agreement to School Healthcare Plan Review sheet should be completed and signed as indicated. If there are any significant changes a new school healthcare plan should be completed.

6. Checklist of General School Arrangements

The following summarises general school arrangements;

• All school staff, supply teachers, visiting teachers and support staff should be made aware of pupils with diabetes and of these procedures.





Diabetes – continued

- The class register should be clearly marked to indicate pupils with diabetes so that when a supply teacher takes a class she/he is aware of any pupils with diabetes in that class.
- All staff who may have direct day-to-day responsibility for the pupil should be familiar with the School Healthcare Plan.
- Pupils should carry a supply of glucose. An emergency box of supplies should be kept in a central, easily accessible place.
- A list of staff who have attended an ASL: Managing Diabetes in an Educational Establishment within the last two years should be displayed clearly in the school office.
- The relevant parties as indicated on the form must sign the School Healthcare Plan
- The parent/carer has responsibility for the contents of the emergency box of supplies. As a matter of good
 practice, the school should check the expiry date of all medication and send home Form 6a/Notice to
 parent/carer that medication needs replenishing (Appendix 8) to indicate when the supplies are becoming
 low.
- Procedures for summoning emergency services (Appendix 20) should be clearly displayed by all telephones.
- Should a pupil require emergency treatment the instructions on the HYPOglycaemia or HYPERglycaemia (as appropriate) Care Flow Diagram must be followed.
- The Diabetes Nurse Specialists should be contacted if a pupil has frequent periods of absence with diabetes given as the reason for their absence.





Pupil's name Date of birth	Photograph of pupil
СНІ	
Address	
School	

This plan should be completed by the pupil's parent/carer and, where it involves the administration of medication, it must be approved by the hospital consultant/specialist nurse/GP.

Name of approving clinician	
Signature	Date

(A letter detailing medication/care and signed by the hospital consultant/specialist nurse or GP can replace this signature)

Signature of parent/carer	Date
---------------------------	------

Once completed, the parent/carer is responsible for taking a copy of this School Healthcare Plan to all relevant hospital/GP appointments for updating.





Form	9:	Schoo	l Hea	lth (Care	Plan	for '	T:Slim	X2'	Insulin	Pumn
1 01111	J.	301100			Carc	ı ıaıı	101	1.311111	714	IIIJUIIII	I WILLS

Page 2 of 8

	<u> </u>	
Pupil's name	Date of Birth	

Parent/Carer Contact 1

Parent/Carer Contact 2

arcity carer contact 1	Tarenty date: Contact 2		
Name	Name		
Relationship to pupil	Relationship to pupil		
Address	Address		
Thome	☐ Home		
™ Work	☎ Work		
☎ Mobile			

Hospital/Clinic Contact

General Practitioner

Name	Name
Address	Address
*	

Signature of parent/carer	Date





Form 9: School Health Care Plan for 'T:Slim X 2'Insulin Pump

Page 3 of 8

Pupil's name	Date of Birth
--------------	---------------

What is Diabetes?

Diabetes (type 1) is a condition that develops when a person does not produce enough of the hormone insulin. Insulin allows the glucose from the food we have eaten, to move from the bloodstream into the cells, where it can be used for energy.

People who develop diabetes (type 1) in childhood require insulin by injection or insulin pump therapy. A healthy, balanced diet is recommended and carbohydrate counting of all food is required to ensure that the correct amount of insulin is given.

Carbohydrates are divided into 2 groups:

- 1. Sugary carbohydrates e.g. sweet biscuits, chocolate, fruit and some dairy products.
- 2. Starchy carbohydrates e.g. bread, cereals, pasta and rice.

What is an Insulin Pump?

An insulin pump is a way of giving insulin. Rather than injecting insulin up to 5 times a day the pump delivers a background (Basal) rate of insulin. The child/carer will then inform the pump of BG level (dependent on glucose meter) and carbohydrate intake to allow a bolus dose of insulin to be delivered prior to food being eaten.

What is Blood Glucose/Continuous Glucose Monitoring (CGM)?

A continuous glucose monitor is a device that measures interstitial glucose levels every 5 minutes and sends these readings to their insulin pump. As it is measuring interstitial glucose it can lag behind blood glucose levels. Blood Glucose testing involves taking a small sample of blood from a finger prick and testing on a blood glucose meter. CGM does not take away the need for blood glucose testing but can be used to provide extra information about blood glucose trends.

The CGM is set with limits of acceptable glucose levels and will alert via the insulin pump if these limits are reached.

Details of Medication/Equipment (Delete as appropriate)

Medication /Equipment	Dose	Comments
Glucose tablets	tablets	As per HYPOglycaemia action flow chart
Lift Glucose Shot	60ml	As per HYPOglycaemia action flow chart
Glucogel	1 tube	As per HYPOglycaemia action flow chart
Blood glucose and ketone meter	N/A	For checking blood glucose and ketone levels.
Insulin	Variable	Dose depends on blood glucose level and amount of carbohydrate to be eaten

Signature of parent/carer	Date





Pupil's name	Date of Birth

What the school needs to know:

- 1. How to use the insulin pump (IMPORTANT: Member of school staff who will be administering the insulin via the pump and those who are supervising the child doing their own administration)
- 2. How to manage and treat 'hypos'
- 3. How to manage and treat hyperglycaemia and how to check for ketones.
- 4. Where supplies are kept (Hypo Kit, Spare Sets and Insulin Pens)
- 5. When and where to get help (detailed in Health Care Plan)
- 6. How to disconnect/re-connect insulin pump (Recommended for contact sports/swimming)

Ca	re	:
	Ca	Care

etails of Care:
has Type 1 Diabetes and has an insulin pump which administers insulin on a continuous basis. Their medical care is managed by the RHSC Paediatric Diabetes Team and parents/carers are fully trained to manage and make decisions about their child's care.
Because of age he/she cannot take full responsibility for managing her/his diabetes. These are the things that they need help from school staff with: (Delete as appropriate) • Hypoglycaemia: the child must NOT be left on their own until the Hypo has been resolved. Hypoglycaemia should be treated where/when ever it occurs.
 can/cannot assist with the practical aspects of their blood glucose testing but needs an adult to support/supervise and make the decision whether he/she is hypoglycaemic or hyperglycaemic and the action required.
 At times of snacks and meals needs direct support to administer their dose of insulin via the insulin pump.
 Awareness of the where the Cannula is situated on child's body. These areas are specific to individual children i.e. Tummy, Upper Thighs, Buttocks, Upper Arms.
 does/does not require assistance after toilet visits or P.E. If clothes require changing ensure the set has not been dislodged OR disconnected.
CONTACT PARENTS IMMEDIATELY IF YOU SUSPECT THE CANNULA HAS BEEN DISLODGED.
This Health Care Plan has been devised so that those using it can navigate easily to the correct information and flowchart as required.
Signature of parent/carer Date





Pupil's name	Date of Birth
Pupil's name	Date of Birth

Details of Routine Care:

Glucose levels should be checked at the following times (complete times as appropriate):

- Mid-Morning –
- Pre Lunch -
- Mid Afternoon -

READING	ACTION
4.0 – 13.9 mmol/l	 Record BG in diary provided by parent. Bolus for snack/lunch using Bolus calculator Carbohydrate content will be clearly marked by parents. It is important to ensure that the child eats the meal that they have had insulin for. If any concerns contact parents.
Below 4.0 mmol/l 'Hypo'	 Follow <u>HYPO</u>glycaemia flow chart Observe child until hypo has resolved. It can take up to 45 minutes for full concentration to return following a hypo.
14.0 mmol/l or higher	1. Follow <u>HYPER</u> glycaemia flow chart

Details of Care for P.E.

1.	Check blood	alucose	hefore	activity	,
т.	CHECK DIOUG	glucose	neinie	activity	/٠

- 2. If blood glucose is less than 4mmol/l follow the HYPOglycaemia flowchart before continuing.
- 3. If blood sugar is above 14mmol/l refer to the HYPERglycaemia flowchart before continuing.
- 4. If blood glucose is less than ______, give ______ a snack of ____gms. WITHOUT bolus of insulin.

Signature of parent/carer	Date





Form 9: School Health Care Plan for 'T:Slim X 2' Insulin Pump

Page 6 of 8

Pupil's name Date of Birth

Instructions for 'T:Slim X2' Insulin Pump:

Unlocking the Pump

- 1. Press the silver 'T' button located on top of pump to open up screen
- 2. Press in order 1, 2, 3 highlighting each circle green to unlock the pump (see Below)



3. If a 'Security Pin' has been added then enter this next to unlock the pump (PIN:_____)





Form 9: School Health Care Plan for 'T:Slim X2' Insulin Pump

Instructions for 'T:Slim X2' Insulin Pump continued:

STEP BY STEP GUIDE FOR DELIVERY OF INSULIN BOLUS

1. Tap Bolus on Main Home Screen -





Tap **O Grams** to enter the carbs for your bolus.

NOTE: If this reads "units," the carb feature is turned off in the active profile.



Enter desired value. Be sure 'mmol/L' is displayed above keypad when entering BG values.



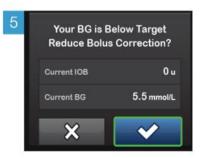
Verify the dose and tap
to confirm.

NOTE: Calculations above are based on preset insulin-to-carb ratios and correction factors, which may be set in Personal Profiles.

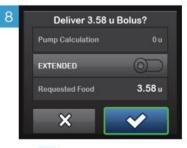


Enter desired value. Be sure 'grams' is displayed above keypad for food boluses.

Tap to continue.



If a BG is entered that is below the target, but above or 3.9 mmol/L, you will be offered the option to reduce the bolus amount. To accept that reduction tap :



Tap to deliver the food bolus immediately.

The BOLUS INITIATED screen will appear to confirm delivery has started.



Tap **Add BG** to enter your blood glucose (BG).

NOTE: If you have a CGM session active, and if there is both a CGM value and a CGM trend arrow available on the CGM Home Screen, your clucose value is autopopulated in the



Tap to continue. Tap the calculated units value to manually adjust recommended dose.



To cancel the undelivered portion of the bolus, tap the white X next to BOLUS on the Home Screen, then tap 1 to confirm canceled bolus.



Date of birth and that any healthcare provided by school wastaff. I give my consent to the information consents my child. I give my consent for the school of any relevation of the school informed of anything that must responsibility for ensuring that there are suchild's needs. and I accept that the emergency services will for are unable to administer the plan at any time.
staff. I give my consent to the information co with my child. I give my consent for the scho rofessionals to advise the school in any releva eping the school informed of anything that m ot responsibility for ensuring that there are su child's needs. and I accept that the emergency services will
staff. I give my consent to the information co with my child. I give my consent for the scho rofessionals to advise the school in any releva eping the school informed of anything that m ot responsibility for ensuring that there are su child's needs. and I accept that the emergency services will
staff. I give my consent to the information co with my child. I give my consent for the scho rofessionals to advise the school in any releva eping the school informed of anything that m ot responsibility for ensuring that there are su child's needs. and I accept that the emergency services will
d by appropriately trained staff who have vo years. By time, where appropriate, the school will sing the emergency services.
١

Copies held by parent/carer and head teacher





Form 9: School Health Care Plan for <u>'T:Slim X 2'</u> Insulin Pump

Page 8 of 8

This Plan was reviewed on	and its contents agreed by the undersigned.
Date of next review	
Pupil's name	Date of birth
School	L
be carried out on a voluntary basis tained in this healthcare plan being to contact the named health care promatters in connection with this. I accomplete the relevant in relation to the implementation of any relevant medication, made I wish my child to have the care/medication.	ed to undertake healthcare and that any healthcare provided by school will under the guidance of NHS staff. I give my consent to the information con shared with all staff working with my child. I give my consent for the school ofessional(s) and for those professionals to advise the school in any relevant cept full responsibility for keeping the school informed of anything that may nentation of this care. I accept responsibility for ensuring that there are supporterials or equipment for my child's needs. dication detailed in this plan and I accept that the emergency services will be she event that the school staff are unable to administer the plan at any time.
Pupil	
I agree to the care arrangements as	detailed in this plan
Name of pupil	
Signature	Date
attended a Diabetes Management C In the event that these procedures of	nber of senior management In this plan being administered by appropriately trained staff who have IPD session within the last two years. Icannot be implemented at any time, where appropriate, the school will lith professionals in summoning the emergency services.
Signature	Date

Copies held by parent/carer and head teacher





Insulin Pump Therapy in Schools Flow Chart to Manage HYPERglycaemia; Blood Glucose of 14.0 mmol/l or higher

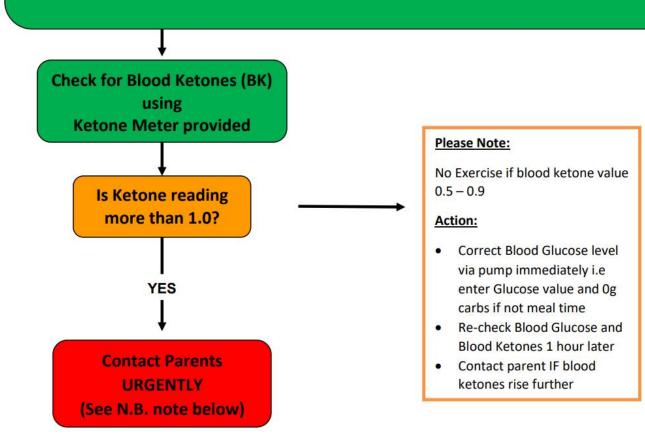
Photograph of pupil

Name Date of Birth

Can show one or several of the following but sometimes there are no obvious signs;

- Thirst
- Needing the toilet

- Tiredness
- Lack of concentration



Notes:

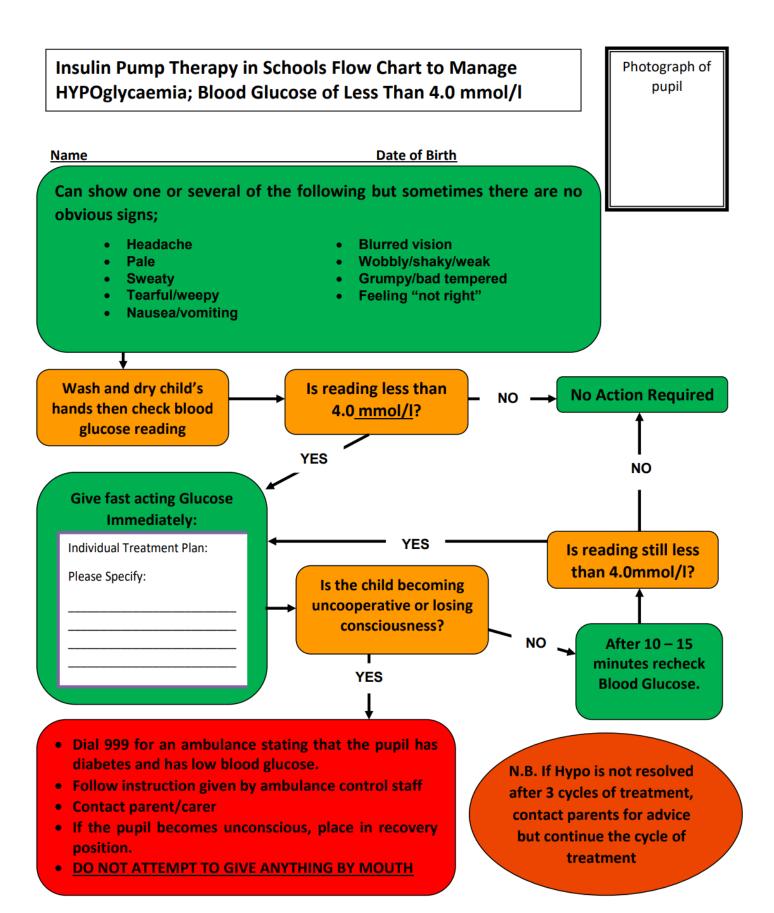
If the child requires additional insulin to be administered via an insulin pen device and a set change it is the parent's responsibility to manage this.











Notes:

1. When using an insulin pump, once B.G. above 4mmol/l a snack is NOT essential. If giving a snack post hypo please deliver an insulin bolus for the carbohydrate about to be eaten.



