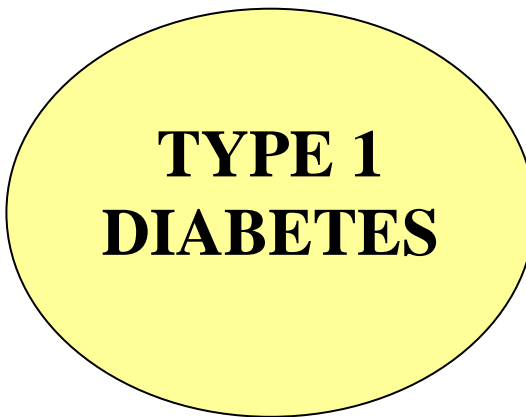


# SECONDARY SCHOOL (not Argyll & Bute)

## ESSENTIAL INFORMATION ALL STAFF NEED TO KNOW

### What is Type 1 Diabetes?

- Body attacks its own insulin producing cells. Cause unknown
- Insulin allows sugar to enter the body's cells – essential for life
- Requires daily insulin injections/pump therapy, regular blood sugar testing, a healthy diet & regular exercise
- Risk of health complications with prolonged high blood sugars
- A life long condition – once diagnosed you have it for life.



### What will pupils need to do at school?

- May need to check blood sugars during class. Target 4-8 mmols/L
- Eat/drink during class if their blood sugar is low
- Some pupils will need an insulin injection/pump bolus at break and/or lunchtime
- When the blood sugar is high the child will need the toilet more frequently and if on insulin pump additional interventions will be required (see plan)

### HYPO?

A blood sugar less than 4.0 mmol/L requiring immediate treatment

### POSSIBLE SIGNS OF A HYPO?

Pale      Headache      Shaking      Sweating      Stomach ache  
 Dizzy      Hungry      Glazed Eyes      Poor concentration      Sleepy  
 Uncharacteristic behaviour e.g. obstreperous, tearful, very quiet

Be aware some families may be using DEXCOM, Libre or some other technology which measures the sugar level in the body's tissues rather than the blood.

Unless explicitly advised by the specialist diabetes team in a health care plan please continue to use finger prick blood tests if assisting a child to manage their diabetes.

### ACTION REQUIRED

#### CONSCIOUS & COOPERATIVE

Often pupils will recognise and treat a hypo without any need for intervention from anyone else, but not always

1. NEVER send the pupil to the office/sick bay if you suspect a hypo. Further activity/exercise will worsen the situation.
2. Assist with blood sugar testing if available but don't delay treatment
3. Sugary drink\* or snack e.g.  
  
60 mls Lift Glucose shot  
OR 200 mls Fresh fruit juice  
OR 7 Fruit pastilles
4. Reassess in 15 minutes. Still hypo go back to step 3. Otherwise give a starchy snack e.g. plain biscuit if the next meal/snack is more than 1 hr away. On a pump – starchy snack not required.
5. Encourage return to normal activities

#### CONSCIOUS & UNCOOPERATIVE

If the blood sugar is too low the pupil may become disorientated and drowsy

1. BRING HELP TO THE PUPIL. NEVER try to send the child to the office or sick bay
2. Administer GLUCOSE GEL if available. Squeeze a little of the tube at a time into the cheek pocket of the pupil's mouth, allowing them time to swallow it. Try to give 1½ tubes of Glucose Gel.  
  
If Glucose Gel is not available **DIAL 999** for an ambulance informing them the pupil has Type 1 Diabetes.
3. Phone Parents/Caregivers urgently

#### UNCONSCIOUS AND/OR SEIZURE

Left untreated a hypo can result in collapse, unconsciousness and seizure.

1. **DIAL 999** for an ambulance informing the operator the pupil has Type 1 Diabetes
2. Place the pupil in the recovery position (on their side)
3. Give NOTHING BY MOUTH
4. If on an insulin pump inform the ambulance crew of this when they arrive
5. Contact Parents/Caregivers urgently

### WHAT ABOUT OCCASIONAL HIGH BLOOD SUGAR READINGS i.e. above 8 mmols/L?

Child appears well - on a pump (see child specific plan), otherwise no immediate concern. Appears unwell -contact the parents/carers immediately

### SCHOOL TRIPS?

Be prepared! Speak to Parents/Caregivers well in advance. Detailed Care Plans can be provided from the Diabetes Team on request

### NEED MORE INFORMATION OR TRAINING?

Please contact the Paediatric Diabetes Team  
 Tel. 01463 701321 or 01463 704000 [ask for Bleep 2052]

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