The care children with Type 1 diabetes need in school

Give this booklet to your school

Type 1 diabetes: Make the grade 🟫
By supporting a child with Type 1 diabetes at your school, you’ll be making a big difference.

Because if diabetes isn’t managed properly it can lead to serious problems in the long-term.

And in the short-term if a child is struggling with their diabetes in school, it’s likely they’ll struggle in the classroom too.

If it’s not well managed, Type 1 diabetes can mean a child has difficulties with attention, memory, processing speed, planning, organising, and perceptual skills.

If you’ve got more questions after you’ve read this booklet then we have plenty of other ways we can help you. More help can be found at www.diabetes.org.uk/schools

Or call or email our Helpline. You can find details on the back of this booklet.
How to use this handbook

We’ve created this handbook to help you get to grips with providing the right care for children with diabetes at your school. Please keep it to hand so you can refer to it when you need to.

The handbook has been divided into sections so you can find the relevant information quickly and easily.

Have a read through the book in full at first so you’re familiar with the information.

There are some key terms that you’ll need to get familiar with when caring for a child with Type 1 diabetes. We’ve included some of the main ones below, which are mentioned throughout this handbook:

- **PDSN**  
  Paediatric Diabetes Specialist Nurse
- **IHP**  
  Individual healthcare plan
- **MDI**  
  Multiple daily injections
- **CGM**  
  Continuous glucose monitor
- **Hypo**  
  Short for Hypoglycaemia and means **low** blood sugar (also known as blood glucose) levels
- **Hyper**  
  Short for Hyperglycaemia and means **high** blood sugar levels
What care to expect at school

Every child with Type 1 diabetes deserves to have the same education as their classmates.

This means:

- **No child** with Type 1 diabetes should be excluded from any part of the school curriculum.
- **Every child** with Type 1 diabetes should have access to extracurricular activities, including overnight stays and trips abroad.
- Schools, local authorities and health services should work together to make sure they meet the needs of children with Type 1 diabetes.
- Paediatric diabetes teams should provide training and support to schools, so school staff have the skills and confidence they need to look after a child with Type 1 diabetes.
- **No parent** should be relied on to go into school to treat their child’s diabetes.
- **Every child** with Type 1 diabetes should be allowed to inject insulin, in public or in private, depending on their wishes.
- **Every school** should have a medical conditions at school policy, which is updated every year.
- **Every child** with Type 1 diabetes should have an individual healthcare plan (IHP), which details exactly what their needs are and who will help them.
- Parents should provide up-to-date information about their child’s needs and all the supplies needed to manage diabetes in school.
Don’t assume that all children with Type 1 diabetes have the same needs.

All school staff should know what to do in case of emergency and at least two people should be trained in how to care for a child with Type 1 diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.

Schools and parents should agree on a clear method of communication.

Children with Type 1 diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.

Children with Type 1 diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.

When children with Type 1 diabetes have exams, specific plans should be included in that year’s individual healthcare plan and agreed between the school, the child and their parents.

Children with Type 1 diabetes should not be sent home frequently or penalised for poor attendance when absence is related to their diabetes.

Every child with Type 1 diabetes should be listened to and their views taken into account.
To start with you’ll need to know a little bit more about Type 1 diabetes and the sorts of things that need to be in place at your school.
To look after a child with diabetes properly your school needs:

- a medical conditions policy
- an individual healthcare plan (IHP) for each child
- appropriate training for staff
- a working relationship between the child, their parent or carer and their Paediatric Diabetes Specialist Nurse (PDSN).

What is Type 1 diabetes?

Type 1 diabetes develops when your pancreas can’t make any insulin to manage the levels of glucose in your blood properly, allowing too much glucose to build up.

We need insulin to help glucose get into our body’s cells, where it’s used for energy. If glucose can’t get into the cells and your blood sugar levels are too high for too long, you can get extremely ill.

Type 1 diabetes usually develops before you’re 40 years old, and is the most common type of diabetes found in children and young people. It’s one of the main types of diabetes. The other is Type 2 diabetes. They’re different conditions, but once you’re diagnosed with either, you have it for the rest of your life.

The information in this handbook is about children with Type 1 diabetes.
Children with Type 1 diabetes are just like other children. But because they need to inject or pump insulin, test their blood and manage hypos, they can sometimes feel different from their friends and classmates.

While many children don’t want to stand out or be treated differently, there may be times when they need extra help and support. So talking about their diabetes should always be done sensitively.

It’s important to remember that children with Type 1 diabetes are not all the same. The way one child manages their diabetes will be different to another. So you, or whoever is responsible for caring for a child with diabetes at your school, will need specific advice and training in their individual needs from their parent and PDSN.

Every child with Type 1 diabetes should have an individual healthcare plan, which should be developed following a meeting with the child (where appropriate), their parent or carer, PDSN and relevant school staff. This plan should detail the child’s individual care needs.

To download a sample individual healthcare plan go to www.diabetes.org.uk/schools
Symptoms

The 4Ts of Type 1 diabetes

As you work in a school, you can be in a position to spot the early signs that a child may have Type 1 diabetes. There are four common symptoms you can look out for. We call them the 4Ts of Type 1 diabetes:

1. Toilet
2. Tired
3. Thirsty
4. Thinner

If a child is going to the toilet a lot, has increased thirst which they can’t quench, is more tired than usual or is losing weight it could be a sign they have Type 1 diabetes.

Don’t delay – tell the parents or carer and advise them to take their child to a doctor immediately for a test. Undiagnosed Type 1 diabetes can be fatal.
Know the 4Ts of Type 1 diabetes
It could save a child’s life

The 4Ts:
- Toilet
- Tired
- Thirsty
- Thinner

If your child is experiencing any of the 4Ts, visit your doctor immediately for a test.
Don’t delay. Type 1 diabetes can be fatal.
diabetes.org.uk/The4Ts
Children with Type 1 diabetes can’t produce any insulin. This means they must take insulin and check their blood sugar levels regularly throughout the day.
Insulin

Insulin can’t be swallowed like a medicine. A child will either need to inject insulin or deliver it via a pump.

Injecting insulin

Children who need to inject at school will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin pen device rather than a syringe. Some children may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed.

Children might need help with injecting, especially if they’re younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, demonstrate how the equipment is used and tell you how the pen and insulin should be stored.

Multiple daily injections

If a child injects insulin then they’ll usually take four or more injections a day. This is known as multiple daily injections or MDI.

Most children are now started on MDI from diagnosis. Children taking MDI will need an injection with each meal as well as one at bedtime and possibly in the morning. This means they’ll need to have an injection at lunchtime, and perhaps at other times of the school day too.
Two injections a day

While it’s a lot less common now, some children have two injections a day. They’ll usually take them at breakfast and evening meal time, and so won’t usually need to inject during the school day.

Insulin pumps

An insulin pump delivers a small amount of insulin round the clock via a tiny cannula, which sits just under the skin. The cannula usually stays in place for 2–3 days so shouldn’t need changing at school unless it becomes dislodged or blocked.

Insulin pumps at school

Children who use an insulin pump will need to deliver extra insulin via the pump when they eat or if their blood sugar levels are high. This is done by pressing a combination of buttons. Again, children might need help with this. Their parent, carer or PDSN can teach school staff how to give insulin via the pump and how to look after the pump at school.
Blood sugar checking

Most children with diabetes will need to check their blood sugar levels on a regular basis, including at school.

Checking blood sugar levels involves pricking the finger using a special device to obtain a small drop of blood. This is then placed on a testing strip, which is read by a small, electronic blood sugar meter. A test usually takes a few seconds.

A child is likely to need to test:
• before meals
• before, during and after physical activity
• if they’re unwell
• anytime they or school staff feel that their blood glucose level is too low or too high.

Children might need help with checking their blood, especially if they’re younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, how the equipment is used and how often testing should be done.

Continuous glucose monitor (CGM)

Some children will wear a CGM. This is a small sensor that remains attached to them 24 hours a day, and gives automatic and frequent blood sugar readings. Children wearing a CGM generally won’t need to prick their finger to check their blood sugar levels during school hours. Often a CGM will have an alarm to alert people if their blood sugar levels go too low or too high.

The help a child needs with taking insulin and blood sugar monitoring will be explained in their individual healthcare plan.
Flash glucose monitors

Some children might check their blood sugar levels with a flash glucose monitor. It’s a small sensor worn on the arm that measures blood sugar levels continuously. To get a reading you simple scan the reader over the sensor. It’s quicker to use than a blood testing meter and means no finger pricks. A child who uses a flash glucose monitor might still need to finger prick test on occasions.

Keeping track

It’s really useful to note down doses of insulin, what’s been eaten and any hypers or hypos. It will mean parents and carers know what’s happened each day at school and also help spot any patterns.

To help you we have a log book you can download for free from our website: www.diabetes.org.uk/school-resources
Eating

No food is off limits because a child has Type 1 diabetes, but food and drink choices can affect a child’s diabetes management.
Food

Children with diabetes should follow the same diet that’s recommended for all children – one that’s low in fat for older children (younger children need a lot of calories so they shouldn’t have fat restricted), salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren’t good for anyone, so they should be a treat rather than a regular snack.

Diabetic foods are not recommended because they still affect blood sugar levels, can have a laxative effect and are expensive.

**Carb counting**

All children using a pump, and most using MDI, will match their insulin exactly to the amount of carbohydrate in the food they’re about to eat. This is known as carb counting.

Children might need help with carb counting, especially if they’re younger, newly diagnosed or have learning difficulties. Their parent, carer, PDSN or dietitian will be able to explain the help they need, explain exactly how it works and give you all the information you need to carb count.
Snacks

Children with diabetes might need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the individual child, but could be:

- a portion of fruit
- an individual mini pack of dried fruit
- a cereal bar
- a small roll or sandwich
- biscuits.

The child’s parent, carer or PDSN will advise on whether snacks are needed and when, and the best type of snack to be taken.

Eating times

Children who take multiple daily injections or who use a pump can usually be reasonably flexible with their eating times. But if a child takes two injections of insulin per day, meals and snacks may need to be eaten at regular intervals to help keep blood sugar levels stable.

It’s important to know if there are specific times when the child needs to eat and make sure that they keep to these times, as a missed or delayed meal or snack could lead to hypo (see highs and lows page 24).

Refer to the child’s individual healthcare plan for specific information about how to manage their food during the school day.
If a child’s blood sugar levels are too high or too low while at school, they might start to feel unwell. Some children might have more frequent absences because of their diabetes. Here are some of the things to be aware of and look out for.
Hypoglycaemia (hypo)

Hypoglycaemia happens when blood sugar levels fall too low (below 4mmol/l). Most children and families will call it a hypo. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly.

Sometimes there’s no obvious cause, but usually it’s because the child:

- has had too much insulin
- hasn’t had enough carbohydrate food
- has been more active than usual.
How to recognise a hypo

Most children will have warning signs of a hypo.

These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- dizziness
- feeling tearful, stroppy or moody
- going pale.

Symptoms can be different for each child and the child’s parent or carer can tell you what their child’s specific warning signs are. They will also be listed in the child’s individual healthcare plan.
Hypos must be treated quickly.

Left untreated, the blood sugar level will continue to fall and the child could become unconscious or have a seizure. Some children will know when they are going hypo and can treat it themselves. Others, especially if they’re younger, newly diagnosed or have learning difficulties, might need help.

A child **should not** be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the child.

In the event of a child having a hypo, here’s what to do:

1. Check the child’s blood sugar level (when possible).

2. Immediately give them something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets, fruit juice or sweets such as jelly babies.

3. After 10–15 minutes, check the blood sugar level again. If the level is still low, repeat **step 2**.

4. Check the blood sugar level again in another 20–30 minutes to make sure that they have returned to normal.

5. Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it’s due. The child’s parent, carer or PDSN will tell you if they need a follow-on snack.
It’s important to remember that how a child treats a hypo and the amount of treatment they need will vary between children.

A parent, carer or PDSN will explain exactly how they treat a hypo and this will need to be recorded in their individual healthcare plan too.

Once a hypo has been treated and the blood sugar has returned to a normal level there’s no reason why the child can’t continue with whatever they were doing. However, it can take up to 45 minutes for a child to fully recover.

Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a child have one.

**Unconsciousness**

In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position, lying on their side with the head tilted back. Do not leave their side, call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.

All parents have an emergency injection of glucagon (a hormone that raises blood sugar levels), which can be given if a child becomes unconscious, and in some cases this will be available in school. The child’s parent, carer and PDSN will tell you whether this is necessary and if so, training will be given by the PDSN.
Hyperglycaemia (hyper)

Hyperglycaemia happens when blood sugar levels rise too high. Families and children might call it a hyper or just a high.

All children are likely to have high blood sugar levels sometimes. A hyper might happen because the child:

- has missed an insulin dose or hasn’t taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.
Treating a hyper

Depending on how a child takes their insulin, if their blood sugar is only high for a short time, treatment may not be needed. But if blood sugar has been high for some time, treatment might include:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones – poisonous chemicals that can build up in the blood when blood sugar is very high.

Children on pumps will need to treat high blood sugar levels quickly.

The child’s parent, carer or PDSN will be able to tell you what treatment is needed and when. It will also need to be recorded in the child’s individual healthcare plan.
School life

Diabetes shouldn’t stop a child from being involved in all parts of school life. But there are a number of things to think about to make sure they get the same education and opportunities as their classmates.
Physical activity

Diabetes shouldn’t stop children from enjoying any kind of physical activity, or being selected to represent your school in sports teams. But children with diabetes will need to plan for physical activity, which includes checking their blood sugar levels carefully and making sure they drink enough fluids.

All forms of activity, like swimming, football, rugby, netball, hockey, running and athletics, use up glucose. This can mean that a child’s blood sugar level can fall too low and they’ll have a hypo (see highs and lows, page 24). If their blood sugar is high before getting active, physical activity may make it rise even higher.

The way a child gets ready for activity will depend on:
• when they last injected their insulin
• the type of physical activity they’ll be doing
• the timing of the activity and how long it will last
• when they last ate
• their blood sugar level.

They might need to:
• have an extra snack before, during or after the physical activity
• alter their insulin dose
• inject in a specific place on their body.

The child’s parent, carer, PDSN or dietitian will be able to tell you about the right preparation for them, and this will be included in the child’s individual healthcare plan.
Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the child’s usual school routine.

Things to take on a trip include:

- insulin and injection kit, either for a regular lunch time injection, or an unplanned injection that might come about due to an unexpected delay on a trip where an extra meal is needed
- blood testing kit
- hypo treatments (see highs and lows, page 24)
- pump supplies (if appropriate) plus injection kit in case of pump failure
- extra food or snacks in case of delays
- emergency contact numbers.

The child’s parent, carer or PDSN will be able to tell you of any adjustments that need to be made.
Overnight stays

When staying overnight on a school trip, a child who injects will need to take insulin injections and test their blood sugar levels (which may include testing at night), even if these aren’t usually done in school.

If the child can’t do their own injections, manage their pump or test their blood sugar levels, they’ll need help from a trained member of staff.

School staff should meet with the child’s parent or carer and PDSN well in advance of the trip to discuss what help is needed and who will help the child.

We’ve created a free tool to help you make sure a child with diabetes gets the most out of their school trip and stays safe. Find it at www.diabetes.org.uk/school-trips
Exams

Making sure any children with diabetes are ready for their exams needs planning. The child will need to take their blood sugar monitor and hypo treatment into an exam and might need extra time to finish the exam.

Everyone should know what to do if a child has a hypo or hyper before or during their exam. Different exam boards might have different rules but all of them must make adjustments if someone has diabetes.

Talk to the child, their parent or carer and PDSN and refer to the child’s individual healthcare plan for the type of extra help needed.

We’ve created a free tool so diabetes doesn’t stop children doing their best when they’re taking their exams. Find it at www.diabetes.org.uk/trips-and-exams
For more information

Along with all the tools you’ve read about in this booklet, you can find loads more information about looking after children with diabetes in your school on our website. There’s guidance on who should have responsibility for what, presentations to help you explain diabetes and legal information for across the UK.
Go to www.diabetes.org.uk/schools

And if you’d like to speak to someone about diabetes, our specially trained counsellors on our Helpline will be able to answer your questions.

Call the Diabetes UK Helpline on 0345 123 2399*
Monday–Friday 9am–6pm
or email helpline@diabetes.org.uk

If you’d like to order extra parent or school packs call us on: 0800 585 088

*Calls may be monitored for quality and training purposes.

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Talking to your child’s school

Type 1 diabetes: Make the grade ★
It’s **normal** to worry about your child going to school.

Being concerned about school staff looking after your child the way you want them to, or even just leaving your child with someone else, is very common.

Teacher training doesn’t cover medical conditions. So, unless a teacher has taught a child with diabetes before, or has experience of diabetes themselves, their knowledge about it may be limited.

But with help and support from you and your paediatric healthcare team, school staff can become skilled and confident in looking after your child.

That’s why it’s vital that everyone involved in your child’s diabetes care at school meets at least once a year. The meeting should make it clear what support your child needs, how this will be provided and who will provide it. This will form the basis of your child’s **individual healthcare plan** (IHP).

If your child is newly diagnosed you’ll need to arrange this meeting before they return to school. If they’re starting a new school you should make sure the meeting takes place before they start.

This guide will give you advice on who needs to attend, how to prepare and what to talk about so the meeting is as useful as possible.
Preparing for the meeting

Before you attend any meeting with your child’s school, it’s important to prepare. There is a lot to talk about and plenty of things to consider.

Make a list to refer to. Begin by thinking about your child’s school day, or how you think it may be if they are just starting school or moving to a new school. Think also about what you do for your child and what they can do for themselves. Having an idea of exactly what support your child will need from the school before you meet will be really helpful for an effective meeting.

Read any relevant policies the school has like an equality or inclusion policy. Your school should also have a medical conditions policy. Most schools have these documents on their website and should be able to give you copies of them if you ask.

If you can, look at what the law says. There are different rules and guidance for supporting children with diabetes in school depending whether you live in England, Scotland, Wales or Northern Ireland.

You can find out more about what schools are required to do or advised to do in your nation by looking on our website, where we explain exactly what the law means to children with Type 1 diabetes.

If you live in Scotland you may find the Making Connections booklet helpful in your preparations. You can download a copy and find guidance for your nation at www.diabetes.org.uk/schools

All children with Type 1 diabetes are also protected from discrimination by the Equality Act 2010 in England, Scotland and Wales, and the Disability Discrimination Act in Northern Ireland.
Who should be at the meeting?

You, your partner or both.

Your child, if you think it’s suitable. Your child should leave the meeting knowing what care they should expect at school, and who to ask for help. If your child’s very young, decide whether it’s better to have the meeting without them. Younger children might not find it helpful.

Your child’s Paediatric Diabetes Specialist Nurse (PDSN). Make sure you and your child’s PDSN have a chat beforehand, so that you’re asking for the same things at the meeting. If your PDSN can’t make it, do still talk to them. It will strengthen the points you make at the meeting.

The most relevant member of school staff. This may be the head teacher, deputy head, Special Educational Needs Co-ordinator (SENCO), Additional Learning Needs Co-ordinator (ALNCO), Special Educational Needs Advisor, head of year or other nominated staff member. Whoever attends should be clear on the school’s existing policies and be in a position to make commitments on the school’s behalf.

Previous teachers or support staff. If your child is moving from primary to secondary school, or from one school to another, try to get the person who supported them at their previous school to attend. Their perspective will be helpful for staff at the new school.

After school club or breakfast club staff. This will help make sure that the care your child receives at any after school or breakfast club is the same as they get during school hours.
Tips for a successful meeting

**Do your homework.** Gather any information you need to support your points. This could be notes on particular issues, any relevant school policies, legal information as well as the questions you’d like answered.

**Don’t be afraid to ask for what you want.** There is a difference between being assertive and being aggressive. Make your points clearly and reasonably. It can seem less threatening to use “I” statements, so instead of saying: “You are doing this wrong”, you could say: “I have a concern”.

**Give credit where credit is due.** Thank them for things that have gone well and where the right support has been provided. It’s always good to hear positive feedback and shows that you appreciate the school’s efforts.

**Don’t take things personally.** These issues, especially when they involve children, can provoke strong feelings. Concentrate on the issues and try not to be sidetracked.

**Recognise that diabetes might be new to school staff.** Show that you appreciate that there is a lot to learn about looking after a child with diabetes and it will take some getting used to. Reassure staff that you and your PDSN are there to help. Give them the Care schools need to give booklet in your pack in advance to help them.

**Ask for minutes to be taken of meetings as they serve as an action plan and record.** Everything you discuss will be documented in more detail in your child’s individual healthcare plan. This plan should be reviewed at the start of every school year and updated as changes are needed. A sample plan can be downloaded at www.diabetes.org.uk/school-resources
What to talk about at the meeting

Before the meeting, think about the following points and go through them with your PDSN. This will help you explain the care your child needs. Then, together with your PDSN and the school staff, you’ll be able to work out the right individual healthcare plan for your child.

1 Training

What training is needed? This will depend on your child’s needs but might include general diabetes awareness, injecting, pump management, carb counting, testing, hypos or hypers.

Who will provide the training? In most cases this will be your child’s PDSN. This could be done at the school or in the hospital where the PDSN is based. Some of the training may also come from you.

Who will receive the training? Any members of staff who will be responsible for supporting your child and any of those who will cover in their absence.

When will this training take place? This needs to be agreed by all those involved, but at the meeting you should all agree a date by which the training should be completed. Make sure the training takes place well in advance of your child’s start at or return to school. This allows time to sort out any problems.
2 Blood glucose testing

It will be helpful to explain to school staff why testing is so important. Make them aware of what happens, what the readings mean and how this helps with decisions about treatment.

Who will carry out the testing? If your child can’t do this, a trained staff member will have to take responsibility.

What are the target ranges for your child? Explain what action the nominated member of staff will have to take if blood glucose levels fall outside of these targets.

What are your child’s hypo and hyper symptoms? Can your child recognise these themselves, or do they require others to recognise them?

Where will tests be carried out? Some children are happy to test wherever they are, while some prefer a designated room where they can be in private. Make clear what your child prefers. The school might disagree on this point, so be prepared to explain your position, and why it’s important for your child.

3 Insulin

Does your child inject or use a pump?

Can your child inject or use their pump themselves or will they need help? If they need help, what specifically? Some children might need someone else to give their insulin while others may just need reminding, or for someone to double check the dosage.

When will your child need insulin? As well as meal and snack times, include correction doses.
4 Carb counting

A brief explanation of why carb counting is important will be helpful, but your PDSN can go into more detail when providing training to staff and in your child’s individual healthcare plan.

Who will carb count? Your child might be able to calculate the insulin dose themselves or they might need help. If your child takes a packed lunch, you could label the food for them. If your child has school meals, the school canteen might need to provide the information to your child or the relevant member of staff. School caterers often have contracts with the local authority or an academy trust, rather than directly with the school. Check what the relationship is, and ask the school to liaise with the right people on your behalf if necessary.

5 Equipment

What equipment will your child need to manage their diabetes at school? Include blood testing meter, ketone monitoring equipment (if used), insulin equipment, hypo treatments and spares.

Where will this be kept? Some of it can be kept with your child and some in a designated area. Spare insulin, test strips, needles, pump supplies and glucagon can be kept in a staff area, while your child might carry their blood testing equipment, insulin pen, pump and hypo treatment with them. Consider which equipment will stay at school and which will travel to and from school every day.

How often will the spare equipment be checked and by whom? If equipment is routinely kept at school, make sure someone has responsibility to check it regularly for items that need replenishing or have expired.
6 The school day

It’s important to talk about when your child isn’t at their desk and what support they’ll need during those times.

PE lessons. Explain how PE may impact your child’s blood glucose levels. Make sure the school is clear about any additional tests or snack needs. Where will your child’s equipment be kept during the lesson? If they need to remove their pump, where will this be kept?

Exams. Be clear that your child will have extra requirements at exam time, and agree to make plans with the school well before they’re due to start.

Things to consider include:
• allowing extra time if your child has a hypo during an exam
• what to do if they have a night-time hypo before the exam
• taking their equipment and hypo remedies in with them.

To help children with diabetes do their best during exams we’ve created a free exam tool you can find on our website www.diabetes.org.uk/trips-and-exams

School trips. As soon as the school trip is announced the school should meet with you to make sure your child is able to take part and what the school will need to do to make that happen. Residential trips in particular can take lots of planning. See our guide at www.diabetes.org.uk/school-trips

Attendance. If your child’s school has a reward scheme for attendance, ask them to make sure that diabetes-related absences (like clinic visits) are not included, so your child can still be rewarded. Some local authorities write to parents whose children are absent from school for a specific amount of days. Again, make sure that diabetes-related absence will not be included.

Breakfast and after school clubs. Find out who will be available to support your child during these times.
7 Other important things to make clear

Who will be your child’s support staff? Are there plans in place if these staff members leave, are absent or aren’t available?

What exceptions may your child need? Make sure your child is allowed to visit the toilet without question when blood glucose levels are high. They are allowed to keep and take hypo treatments and drink water in the classroom when needed.

Communication in school. How will the right information be communicated to your child’s teachers? In a primary school, this may be more straightforward. In a secondary school where a child has many teachers, this will need extra thought, and the school should consider whether to have a designated person as the point of contact. It may also involve putting a note in class registers or contacting all of your child’s teachers to explain any exceptions that may be in place for your child. The school should have a plan in place to make sure supply teachers are also given any relevant information about your child’s diabetes.
7 Continued

**Communication with home.** How will the school communicate with you? This may be through a book, in which support staff record any incidents, and in which you write down any updates for the school. You should also be clear about the circumstances where you’d expect the school to get in touch with you immediately. Find out who will be your main contact point at school to make sure any messages are going to the right person.

**Your child.** Finally, talk about any concerns your child has expressed that the school may be able to support them with. Perhaps they don’t want to tell new friends about their diabetes initially or are worried about being singled out. The school should be able to help ease such worries or may have another child with diabetes in the school they can arrange for them to talk to.
If you’d like to speak to someone about diabetes, our specially trained counsellors on our **Helpline** will be able to answer your questions.

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Having Type 1 diabetes at school

Type 1 diabetes: Make the grade ⭐

This booklet is for your child
Diabetes at school

Even though you have to take blood tests, inject or use a pump you can still do everything your friends do at school. Diabetes won’t stop you in lessons, going on school trips, enjoying yourself during break time or doing PE (hard luck if you don’t like PE).

And don’t worry if you feel nervous about looking after your diabetes in school. That’s normal, whether you’ve had diabetes for a long time or have just been diagnosed.

Your mum, dad, carer or diabetes nurse will talk to your school and make sure your teachers know all about your diabetes and how to look after you. That means you can get on with enjoying school.

And this booklet is packed with tips to make sure diabetes doesn’t get in the way of life at school.
Our top tips

Tell your friends

It might be tough but telling your friends about your diabetes will make things easier. And most likely they’ll be interested and really keen to help.

Talking to them about what you have to do and what a hypo is will mean they can tell a member of staff if you’re ever struggling.

Hypos

You should never be left alone when you’re having a hypo. School staff should know this but don’t be afraid to remind them.

Make sure your friends know what your hypo treatment is so they can fetch it if you need them to. And it’ll make sure no one drinks or eats it.

School staff

There will be at least one member of staff whose job it is to make sure you’re getting all the support you need to look after your diabetes in school. Make sure you know who they are so you can tell them if you have any problems.
Your equipment

You’ll be able to look after your testing equipment, pump or pen and any hypo treatments if you want to. If you don’t keep them in your school bag, make sure you, school staff and your friends know where they are.

Your school should also keep spare equipment in case something breaks or gets lost. Make sure you know who looks after it. And if something does break or get lost, tell a member of staff straight away.

PE

Don’t forget your hypo treatment and equipment for PE or if you’re playing in a sports team. Make sure it’s put somewhere safe and it’s easy to get to.

Explain the facts about diabetes

Some people might say silly things about diabetes because they don’t know enough about it.

We might not know exactly what causes Type 1 diabetes but we do know it has nothing to do with eating sweets or being overweight. We also know diabetes isn’t like a cold. You can’t catch it from someone else.

The truth about Type 1 diabetes leaflet in your pack is really useful for when you’re trying to explain some of these truths.
If you’re finding things difficult

If you’re having a tough time, tell someone. And try to remember that everyone struggles at school at some point or other, whether or not they have diabetes.

It’s also completely normal to get fed up by having diabetes sometimes. Make sure you talk to someone about it. It might be your mum and dad, your brother or sister or a friend. There’s probably a teacher or member of staff at school who you like who’ll be happy to talk to you.

We can help you too.

You can email helpline@diabetes.org.uk. We can answer any questions you have about diabetes or life at school with it.
Type 1 events

Throughout the year we run events for children with Type 1 diabetes.

They’re action-packed, great fun and a brilliant way to meet other people with Type 1 diabetes.

Along with activities like rock climbing, kayaking, rafting and mountain biking you’ll also pick up loads of great tips about living with diabetes.

Find out more at www.diabetes.org.uk/type-1-events
If you’d like to email someone about diabetes, our specially trained counsellors on our **Helpline** will be able to answer your questions.

Email [helpline@diabetes.org.uk](mailto:helpline@diabetes.org.uk)

@DiabetesUK

facebook.com/diabetesuk

For more information, go to [www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools)
What care to expect at school
Every child with Type 1 diabetes deserves to have the same education as their classmates.

This means:

- **No child** with Type 1 diabetes should be excluded from any part of the school curriculum.
- **Every child** with Type 1 diabetes should have access to extracurricular activities, including overnight stays and trips abroad.
- Schools, local authorities and health services should **work together** to make sure they meet the needs of children with Type 1 diabetes.
- Paediatric diabetes teams should provide **training and support** to schools, so school staff have the **skills and confidence** they need to look after a child with Type 1 diabetes.
- **No parent** should be relied on to go into school to treat their child’s diabetes.
- **Every child** with Type 1 diabetes should be allowed to **inject insulin**, in public or in private, depending on their wishes.
- **Every school** should have a **medical conditions at school policy**, which is updated every year.
- **Every child** with Type 1 diabetes should have an **individual healthcare plan (IHP)**, which details exactly what their needs are and who will help them.
- Parents should provide **up-to-date information** about their child’s needs and all the supplies needed to manage diabetes in school.
- **Don’t assume** that all children with Type 1 diabetes have the same needs.
All school staff should know what to do in case of emergency and at least two people should be trained in how to care for a child with Type 1 diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.

Schools and parents should agree on a clear method of communication.

Children with Type 1 diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.

Children with Type 1 diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.

When children with Type 1 diabetes have exams, specific plans should be included in that year's individual healthcare plan and agreed between the school, the child and their parents.

Children with Type 1 diabetes should not be sent home frequently or penalised for poor attendance when absence is related to their diabetes.

Every child with Type 1 diabetes should be listened to and their views taken into account.
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I have Type 1 diabetes

- I use insulin injections
- I use an insulin pump

What to do if I have a hypo:

1. Test my blood glucose level, if possible.
2. Give me something to eat or drink straight away.
3. Don’t leave me on my own or send me away to get treatment.
4. Check my healthcare plan for further action.
What I’m allowed to do to treat my diabetes

My hypo signs are:

- Eat or drink to prevent or treat a hypo.
- Test my blood glucose levels.
- Take an insulin injection or adjust my pump.
- Have a drink and/or use the toilet.
- Eat or drink to prevent or treat a hypo.
- Test my blood glucose levels.
The facts about Type 1 diabetes

Type 1 diabetes: Make the grade 🌟
People say lots of different things about Type 1 diabetes. But not all of it is true. We’re setting the record straight.
Going **high or low** is part of having diabetes

Type 1 diabetes in children is unpredictable and difficult to manage. Lots of things like growing, puberty, stress, illness and even the temperature can affect blood glucose levels. Often there will be an obvious reason for a high or low. But sometimes it just happens and it can’t be stopped.
Children with diabetes can play sports

Having Type 1 diabetes shouldn’t get in the way of playing sports. But children with Type 1 will need to plan ahead. They’ll need to test their blood glucose levels and adjust the insulin they need or eat a snack before, and sometimes during or after they play. They’ll also need their equipment and hypo treatment nearby just in case they need them.
Children should avoid food with a ‘diabetic’ label

Despite their name, foods with a ‘diabetic’ or ‘suitable for people with diabetes’ label have no benefit for children with diabetes. They’re often expensive, high in fat and calories and can still cause blood glucose levels to rise. They can also cause side effects like diarrhoea.
Type 1 is **equally serious** whether you use an insulin pump or inject.

An insulin pump is one way of managing Type 1 diabetes. Injecting insulin is another. Children who use a pump do so because they and their doctor feel it’s the best way of managing their diabetes. Other children will prefer to use insulin pens to inject the insulin they need.
Children don’t get Type 1 diabetes because they eat too many sweets.

We don’t fully know what causes Type 1 diabetes and why some children get it and others don’t. But we do know there’s nothing you can do about getting Type 1. And it’s definitely nothing to do with eating sweets or any other sugary foods.
Type 1 diabetes is for life

There is no cure for diabetes. Once a child is diagnosed with Type 1 diabetes, they have it for life. But it can be successfully managed by taking insulin, eating a healthy balanced diet and keeping fit and active. We’re continuing to fund research into treatment and prevention, bringing us closer to a cure.
There are different types of diabetes

People with Type 1 diabetes don’t produce any insulin. Without insulin we die. The only way to treat it is with insulin injections or a pump. It’s the most common type of diabetes found in children. People with Type 2 diabetes don’t produce enough insulin or their insulin isn’t working properly. It usually occurs later in life and is much more common in adults.
No one gets Type 1 diabetes because they’re overweight or used to be overweight.

Type 1 diabetes has nothing to do with weight or lifestyle. Being overweight puts people more at risk of Type 2 diabetes, which is extremely rare in children.
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