

Integration and Inclusion for Children with Medical Needs in Schools

Successful Partnerships in Practice



Oxfordshire Children's
Diabetes Team

What is Diabetes?



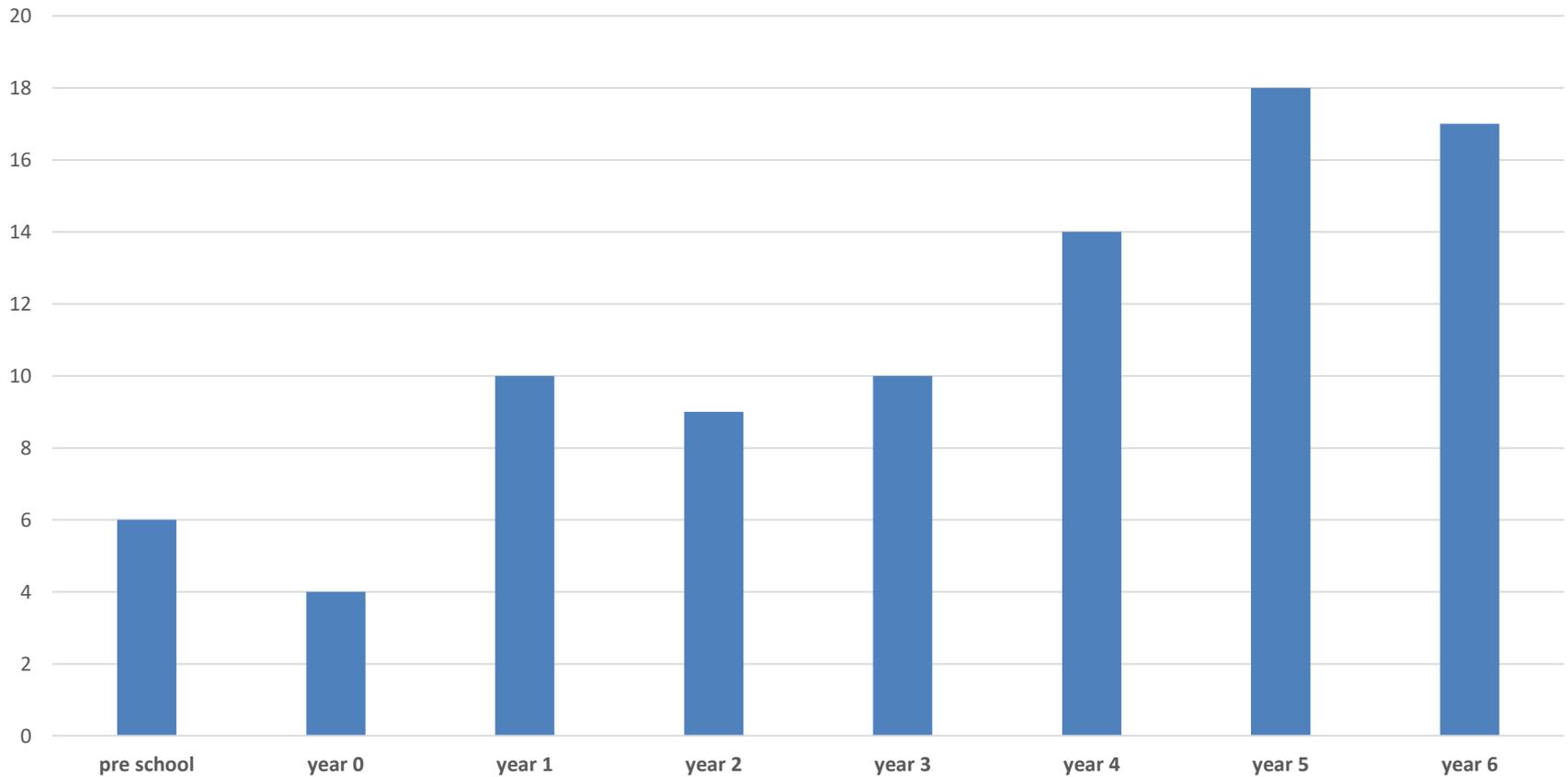
- ❖ Diabetes is a condition where a person's normal hormonal mechanisms do not control their blood sugar levels
- ❖ Insulin is a hormone made in the beta cells of the pancreas and it helps glucose enter the body's cells where it is used for energy
- ❖ In the UK, 95% of children with diabetes have Type 1 Diabetes. This develops when the beta cells in the pancreas are destroyed by the immune system so initially not enough insulin is produced. (An auto-immune condition). Eventually, the pancreas stops producing insulin at all
- ❖ Children with diabetes normally need to have daily insulin injections, monitor their blood glucose level and eat regularly
- ❖ Diabetes in children and young people is increasing in the UK, with the age on onset usually in childhood or young adulthood
- ❖ Type 2 diabetes is where the insulin the pancreas makes can't work properly, or the pancreas can't make enough insulin. This is usually mature onset, but can occur in younger people in some ethnic groups and in very overweight Caucasians.



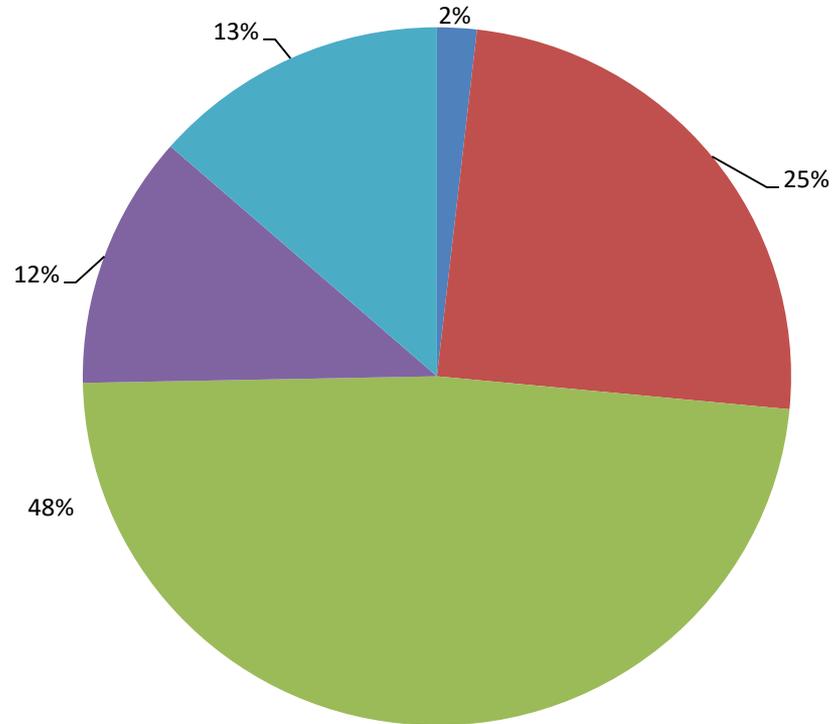
Pre & Primary school aged Children in Oxfordshire



Numbers of Children in Pre and Primary school 2019 TOTAL = 88



Total clinic by school group



■ Pre reception ■ primary 0 - 6 ■ Yr 7- 11 ■ Yr 12 ■ yr 13 +



Total cohort = 332

New cases in 2018 = 22 Type 1, + 3 transfers in

New Type 2 cases = 3

Role of school staff in assisting pupils with diabetes:

Understanding needs of children with diabetes.

Children with diabetes are like every other child in the school, they just have a few additional needs.

The practical aspects of diabetes management in school are:

- Checking blood glucose.
- Giving insulin.
- Ensuring the child has access to hypo treatment

Assistance and supervision. Depends on the individual child:

- May need staff to check their blood glucose and give insulin
- May just need you to help them with the process.
- Older or more competent children may just need supervision to ensure their safety whilst either monitoring their blood glucose levels or giving their insulin.



Supporting diabetes in school



- Dept of education
 - Schools nurse
- New diagnosis
- E-Learning
- School training days
 - Beginners
 - Advanced
 - Sign off session

Diabetes Care Plan
For Children and Young People
Other Childcare and Education

This care plan covers all activities organised by the school.

Start date: _____

Child/young person's name: _____
Address: _____

School: _____
Address of school: _____

Phone number: _____
Additional learning needs: Yes No (Please detail) _____

CONTACT INFORMATION

Name: _____
Relationship: _____
Phone: Home: _____ Mobile: _____ Work: _____

Name: _____
Relationship: _____
Phone: Home: _____ Mobile: _____ Work: _____

OXFORDSHIRE CHILDREN'S DIABETES TEAM
Consultant: Dr Fiona Ryan, Paediatric Diabetes, Level 2, Oxford Children's Hospital
Diabetes Nurses: Janae Haest (Lead), Sarah Chapman, Emily Denton, Catherine Earnshaw-Crofts, Jo Ellis, Elaine O'Hickey, Hannah Powell, Diana Yardley
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School Care Plan for Child with Diabetes - insulin injection
Children's Diabetes Team, Aug 2023
Review date: Aug 2025

Oxfordshire Children's Diabetes Service

Diabetes Primary Schools an

Janae Haest, Lead DI
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Jayne Howarth,
Adeline Gibbs, Designated Clinical Officer

Contents:

1. Essential diabetes knowledge
2. Daily Care: blood and sensor glu
3. Daily Care: Administration of Insu
4. Other factors which affect gluco
5. The Diabetes Care Plan
6. Training of Nominated School sta
7. Parent/carer responsibilities
8. Child/young person
9. Guidance on care generally requi
10. Legal considerations

Oxfordshire Children's Diabetes Service
Children's Hospital, Oxford OX3 9DU
Horton Hospital, Banbury OX16 9AL

Guidelines for Training of Volunteers

All training to be given by Diabetes Specialist Nurse (DSN)

1.0 Glucose and ketone Monitoring in Children/Young people with Type 1 Diabetes

Glucose monitoring is the cornerstone of diabetes care. It provides information that can be used immediately to determine appropriate care. The overall goal is to maintain the blood glucose of the child/young person within the range of 4-7 mmol/l pre-meal. Blood ketone checks are required in specific circumstances, according to the care plan.

Specific issues to be covered in training

- Basic relevant anatomy and physiology.
- Reason why the child/young person requires glucose monitoring.

Oxfordshire Children's Diabetes Service
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Good Practice for the Support of Children with Diabetes in Primary Schools in Oxfordshire

When a child is diagnosed with, or moves into the school with, Type 1 diabetes, they require specific support during the school day in order to help them keep their glucose levels as normal as possible. If glucose levels go high or low, this will affect their behaviour and their learning.

The following has been developed as Good Practice:

1. The school will be contacted by one of the Diabetes Specialist Nurses (DSN) from the Oxfordshire Children's Diabetes Service.
2. The headteacher, or someone delegated by them, will identify THREE volunteers in the school who are willing to be trained to help the child during the school day with the care needed. These volunteers are often teaching assistants, school secretaries, dinner ladies or others in the school.
3. The DSN will then arrange to visit the school and train the volunteers in-depth around the care needed. No prior experience is necessary, and there is an e-learning programme of basic diabetes information, which it would be helpful for all staff to undertake. <https://pdf.ox.ac.uk/files/professionals/school-pack/school-e-learning-module>
4. The parent, DSN and volunteers will meet to discuss the care required and to participate in the training. This will range from a child needing a member of staff to supervise or perform finger-prick blood checks/CGM/Libre scan recordings and insulin therapy by injection or pump.
5. An individual care plan is drawn up and signed by all parties. This will be reviewed each year.
6. After the staff have been trained, and while they are gaining experience of giving or supervising insulin under the supervision of the parent, the parents know that they need to attend the school at all times when insulin is needed.
7. Once the volunteers feel confident and the parents are happy, the school will contact the DSN to arrange a session for assessing competency. The DSN will then visit again to assess and sign off the volunteers as competent. At this stage, each volunteer can carry out care independently. The usual insurance of the school (either through the local authority or private insurance) will provide indemnity in case of any problems.
8. Every year, as the children move through the school, training will be updated in groups. Volunteers will be invited to attend a group session at the end of the school year. Parents and staff should also review and update the care plan.

Learning together

- Consistency
- Flexibility
- Daunting but achievable
- Striking the balance
- Parents
- Developing relationships

E learning and resources



<https://jdrf.org.uk/for-professionals/school-pack/schools-e-learning-module/>

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools>