

ESSEX SCHOOLS PROTOCOL LAUNCH

HELD AT RADISSON BLU HOTEL, STANSTED
10th February 2011

Essex & Southend LINK **Essex Works** **Diabetes UK**
UK Children with Diabetes Advocacy Group

REPORT

Supporting Pupils with Diabetes in Essex Schools

The conference, presented by **Essex & Southend LINK**, and populated by approximately 200 teaching and support staff, school board and PTI members plus parents of children with diabetes, began with a presentation by **Diabetes UK**

- What is Diabetes
- Who is Diabetes UK
- Children's Charter and equality in schools

Essex County Council

- Why the document, why implement
- Liability and insurance issues

Healthcare Professional clinical viewpoint

- The Protocol and its importance

View on Diabetes Protocol and Schools

School View on Protocol Documentation and Implementation

Disability Discrimination Act and Disability Equality Duty

- How the Protocol will help meet the requirements of legislation

Young Person View on Living with Diabetes

- Why it is important to have a protocol for staff to follow
- What difference does it make

Background

The Protocol was described as being the result of a group of active, outspoken mothers having initially approached Essex & Southend LINK via a meeting at a diabetic clinic. They advised of the need for clarification with regard to medical and practical support for their children during school hours and during extra curricula activities. This was furthered by a meeting with the local PCT and Local Authorities, the setting up of a working group, a drafting and re-drafting of the protocol document and a complete partnership with all bodies concerned in its implementation.

With awareness and recognition that daily assistance with injections, blood testing, insulin pump input data, carbohydrate counting and emergency care is paramount to the safety and well being of children at school, this was to be the starting point to discussions around implementing such support in Essex schools.

Below is a brief synopsis of the presentations and ensuing discussions, both enjoyed collectively and personally. For complete coverage please see The ‘SUPPORTING PUPILS WITH DIABETES IN ESSEX SCHOOLS’ publication, available from: <http://www.childrenwithdiabetesuk.org/diabetes-at-school/supporting-pupils-with-diabetes-in-essex-schools/>

Benefits to be secured by implementation of the above support include:

- Better glycaemic control therefore the child is less likely to be ill and absent from school
- Improved school attendance
- Better academic achievement outcomes and realisation of full potential
- Feeling of security by the child
- Parental piece of mind

Ideals

- Adequate dedicated staff training with regular re-training intervals
- Individual Health Care Plan implementation (IHCP)
- Complete safety of children at school
- Regular daily support by dedicated staff with regards to blood testing, injections, carbohydrate counting and pump data inputting
- Non exclusion from any school activity, overnight stay, trip or holiday

Examples of POSITIVE support currently practised in some schools

- At least 2 fully trained members of staff plus all other members conversant in diabetes emergencies
- Regular and updated training to include parents, healthcare professional and child
- Use of individual health care plans (IHCP) – regularly updated (at least annually)
- Immediate accessibility to care plan by all staff members – (for emergency purposes)
- Accessibility to Hypo Box – re-fillable by PARENT when depleted by use
- Teacher alarm clock set to remind snack times
- Permitted use of mobile phone by the child (to ring for mum or dad’s advice if needed)
- Inclusion with other pupils at mealtimes
- Sufficient recovery time after a hypo (between half & one hour)
- Hypo treatment brought to the child - not the child sent to seek treatment unaccompanied
- Personal re-iteration of work prior to hypo
- Sharps bins provided
- Inclusion of friends in awareness (often children recognise different behaviour before the teacher)
- Yellow card issued to child to attract teacher’s immediate attention when feeling hypo, unwell or needing the toilet (*this was a grey area with some parents who thought this may extract attention to their child’s condition*)

Examples of NEGATIVE support currently practised in some schools

- Child sent to the medical room *unaccompanied*, down a flight of stairs and into a long corridor to seek hypo treatment
- Child told to do his blood test in the toilet
- Lunchtime injection supervision refused – parents told to send a taxi each lunchtime for child to be injected at GP surgery
- Emergency action *only* would be taken – ie calling an ambulance
- Exclusion from eating with other children at lunchtime
- Snack refusal in the classroom– the reason being that other children can't eat during class time. Child had to eat his snack in a walk in cupboard
- Believing that a child is only pretending to be unwell (when most likely heading for or already hypoglycaemic)
- Exclusion from school activities such as PE and exercise, overnight stays, trips and holidays
- Sharps bins not regularly checked and replaced

Legislation

Case law is established that all schools are obliged to act as a prudent parent

Disability Discrimination Act 1995

- Whilst a pupil with diabetes may not consider themselves to be disabled, in many cases they will meet the statutory definition of disability
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Disability Equality Duties (2005) & Equality Act (2010) – Requires schools to:

- Promote equality of opportunity between disabled persons and other persons
- Promote positive attitudes towards disabled persons
- Take steps to take account of disabled person's disabilities even where that involves treating disabled people more favourably than their non-disabled peers
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Some school staff members and teaching assistants may be fearful that the required level of input towards a child's daily diabetes care could lead to them being sued if having carried out a duty or emergency treatment incorrectly. In the unlikely event, this would be covered by the schools/local authority Public Liability Insurance, if using the ECC insurance policy. If this is not the case, then suitable insurance should be sought to include medical cover, and possibly individual requirements.

Young Person's View

A reassuring account of very positive school support and commitment was described by a young 16 year old girl, who had flown into Stansted from Ireland with her father, solely to deliver her story to the audience. Along with parental, professional and school support, being a dedicated swimmer, she also enjoys dialogue and cooperation from her sports teachers and coaches. Having reached national level in swimming, winning many certificates and a silver medal, her ambitions are set to take part in the Olympic Games in the not too distant future.

With her attitude and ability to deal with her condition, aided I'm sure by her good control via an Animas waterproof insulin pump, I have no doubt she will achieve all she sets out to do in life. With such a positive schooling background this can only endorse the necessity for support in all schools.

Other areas

- Diabetes UK are calling for extra Government funding for more support in schools
- They believe all schools should have a local medical policy
- All schools should undertake staff training

This report is my brief insight into the Protocol and its content. It is truly the result of a great deal of hard work by everyone in the partnership and both Joe and I felt extremely positive and hopeful that this will eventually be adopted by all schools throughout England.

Should you require any further details please contact:

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Attendance by Joe & Sue Braeger

Report by Sue Braeger

Chairperson/Treasurer

Diabetes UK – The Havering Family Group

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