

Longmoor Primary School

Diabetes Policy 2026-2028



Chair of Governors

Signature: *Jane Wright*

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This policy has been written in conjunction with the Diabetes UK website and follows suggested guidance and protocols.

Types of Diabetes.

Diabetes is a serious condition where an individual's blood glucose level is too high. There are two main types, **type 1 diabetes** and **type 2 diabetes**.

Most children in school will have type 1 diabetes, which is a serious, lifelong condition where blood glucose levels are too high because the body can't make the hormone called insulin.

Type 1 diabetes involves more complex and specialist medical support and treatment.

Type 2 diabetes involves personal management around diet and prescribed medication.

Training

Staff working to support a child in their class / year group will take part in training from the Children's Diabetic Nurse team. This training is arranged in a timely fashion to avoid any delays in a pupil attending school. Training will be arranged for all teachers, teaching assistants and Midday supervisors who will have regular contact with a pupil diagnosed with diabetes.

All staff throughout school are made aware of a child with diabetes. This awareness and identification is delivered annually to all staff.

Staff in school will ensure that there is a trained person on site (or accompanying a trip outside of school) for any pupil with Diabetes.

Management

The ability of a pupil to take responsibility for their diabetes is entirely dependent on their age, individual capabilities and level of understanding.

Parents should provide school with appropriate equipment to manage diabetes within school. This will include:

- Insulin and pen
- Blood glucose monitor
- Testing strips
- Disposable needles
- Appropriate snacks and drinks to help regulate insulin levels
- Sharps bin or container
- Charged, working phone or electrical monitoring device

Parents will make a decision regarding their child and the consumption of either a school lunch or sandwiches to manage the diabetes effectively. Parents who are carbohydrate counting will need to provide detailed information to school staff. All pupils will be supervised to ensure food provided by parents is eaten and not swapped with other pupils.

Blood glucose tests may be conducted throughout the day based on staff concerns around the pupil. All details for the pupil, including specific testing times (before P.E) and / or procedures for treating episodes where blood sugar readings are high or low are documented on the individual care plan and this will be read by all staff supporting a pupil in school.

Where necessary, parents and the diabetic nurse team will be contacted for advice and support where staff in school have questions or concerns. Numbers for the diabetic nurse team are available in main offices in school, located next to a phone for emergencies.

Whenever a child feels un-well they will be supported by an adult until treatment has been provided as per the detailed health care plan.

Insulin pumps

This device delivers a small amount of insulin via a cannula inserted just under the skin. This will be inserted at home and should not be changed at school by staff. If there are any problems with the pump or cannula, parents should be contacted immediately.

Appropriate training and use of the pump will be provided by the Children's Diabetic Nurse Team.

Staff must ensure that the mobile device to monitor and control the pump is within the set distance and range of all pupils who use one of these devices. The insulin pump and CGM (Continuous Glucose Monitoring) device being used for blood sugar monitoring must be kept together (if it isn't the same device) to enable both devices to communicate to deliver the exact required amount of insulin to the recipient.

An example of this would be that, if the insulin pump device is not taken to the playground and the CGM device is, the pump will continue to deliver insulin but not suspend insulin delivery if the child has a hypo. This is because it is designed to keep delivering insulin to avoid high blood sugar but as it has lost connection with the CGM, the pump doesn't know what the child's sugar levels are so will just keep giving insulin delivery.

Physical Activity

Whilst being physically active is an important part of diabetes management, exercise uses glucose and these sessions should be carefully monitored. Before, during and after activities, the pupil may at times need to check their blood glucose level carefully and staff must make sure they have a good fluid intake.

Parents should be consulted regarding any specific preparations required for the completion of P.E lessons. Diabetes is not an excuse to opt out of any curricular activities, and if this starts to happen, staff will discuss any potential issues in this situation.

Activities off site

During school trips, adults working in school will ensure all medication and equipment is prepared and taken off site. This will include any appropriate snacks and extra food. Staff should meet with the pupil's parent / carer well in advance of the trip to discuss what support is required and who will assist the pupil.

Adults working in school with Diabetes

Any adults working in school with a diagnosed diabetes will be expected to make the Headteacher and SLT aware of their condition. Where an adult has Type 1 diabetes, a risk assessment will be completed. The staff member will be responsible for ensuring any specific medication, snacks and instructions are kept in school. These will be shared with colleagues in the team to ensure support and appropriate medical care can be provided in case of an emergency.

This policy will be reviewed every two years or more frequently if necessary due to a change in medication, support or advice from the School Diabetic Nurse Team.

S. Dainty – January 2026