

# Lincolnshire schools' guide for children and young people with diabetes



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# Introduction

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Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it's not managed.

It's important that a child is supported at school so they can manage their diabetes and get the most out of being at school.

Some children with diabetes will have more absences than other students. This won't be the case for every child with diabetes, but if they do take time off for hospital appointments or feeling unwell because of diabetes, it's important they don't get penalised for this.

It's the parent's responsibility to tell you their child has diabetes as soon as possible, so make sure you discuss your school's absence policy with them and how you can be flexible to make sure the child doesn't feel set up to fail.

While some older pupils may be fully independent with their diabetes care, younger children, those with learning difficulties or those who are newly diagnosed are likely to need support and assistance from school staff during the school day to help them to manage their diabetes in the absence of their parents.

Legislation and guidance for schools in England:

- [Equality Act 2010](#)
- [Children and Families Act 2014](#)
- [Supporting Pupils with medical conditions in school](#)
- [Independent School regulations](#).

We recommend that schools should have these basic procedures in place to support pupils with diabetes.

- A medical conditions policy.
- A managing medications policy.
- An individual health care plan - This should initially be written between school, diabetes nurse and parents/pupil and should be reviewed at least once per year by school and parent/carers/pupil.
- Work together- You should be happy to communicate with pupils with diabetes, their parents/carers and medical team.
- A process is in place to ensure supply staff are aware of pupils in the class who have diabetes.
- A process is in place for teaching staff to communicate during the school day when pupils are unwell, particularly when there is a change of teacher(s) during the course of the day.
- Training- It is important staff have an understanding of diabetes, it is advised that all staff complete the diabetes school e-learning DigiBete School and Community Training Platform - [DigiBete School and Community Training Platform](#)

**No child with diabetes should be excluded from any part of the school curriculum.**

Children with diabetes should not be sent home frequently or penalised for poor attendance when absence is related to their diabetes. Staff should be aware that pupils will have a minimum of 4 hospital appointments a year.

# What is diabetes?

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Diabetes is a serious condition where your blood glucose level is too high. There are two main types, type 1 and type 2.

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

Type 1 diabetes develops when your pancreas can't make any insulin to manage the levels of glucose (sugar) 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 glucose 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 are different conditions, but once you're diagnosed with either, you have it for the rest of your life. Having type 1 has nothing to do with diet or lifestyle, it just happens. We are still not sure what causes it.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly. It usually appears in people over the age of 40, though in South Asian and Black people it often appears from the age of 25. It is also becoming more common in children and young people of all ethnicities.

Type 2 diabetes is treated with a healthy, balanced diet and increased physical activity, but medication or insulin is often required.

Both type 1 and type 2 diabetes are serious conditions which can lead to complications in later life, such as damage to the eyes, kidneys, nerves, heart and major arteries.

To reduce the chances of developing these complications all people with diabetes, including children, need to keep their blood glucose levels close to the target levels agreed with their diabetes healthcare team and they may need support in this.

## Signs and symptoms of diabetes

If 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. They are what we call the 4 Ts of type 1 diabetes:

- Toilet
- Thirsty
- Tired
- 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 urgently.



## Individual Health Care Plans

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### **All Children and Young People (CYP) with diabetes must have an individual health care plan:**

A nurse from the CYP diabetes team will do the first care plan with staff and the family, following this it will be the responsibility of the school and parents to review at least annually.

Details should include:

- Consent from parents/carers and head teacher for insulin to be administered by a member of staff, or self-administered by the pupil.
- The procedure for administering insulin.
- Who will support the pupil with medication and monitoring.
- What the pupil can and cannot do themselves.
- Description of the pupil's symptoms of hyperglycaemia and hypoglycaemia- and what staff need to do.
- When a parent/carer should be contacted.
- When an ambulance should be called.
- Arrangements for eating meals and snacks, including if the pupil needs to be at the front

of the lunch queue.

- What needs to be done before, during and after physical activities, such as monitoring, snacks, disconnection of pumps, bolus (additional) insulin.
- Where medications will be stored and who has access.
- Who will check and monitor any supplies that are required.
- Specific support around educational, emotional and social needs, including how absences are managed.
- Plans in place for tests/exams.
- Plans for school trips including overnight stays.
- When the plan will be reviewed.

### **Considerations for supporting a child in school with diabetes:**

- Don't assume that all children with diabetes have the same needs.
- Every child with diabetes should be allowed to inject insulin, in public or in private, depending on their wishes.

## Medication and monitoring

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No parent should be relied on to go into school to treat their child's diabetes.

Pupils with diabetes should never be prevented from blood testing or taking insulin. While some older pupils may be fully independent with their diabetes care, younger children, those with learning difficulties or those who are newly diagnosed are likely to need support and assistance from school staff during the school day to help them to manage their diabetes in the absence of their parents.

### Monitoring

Pupils with type 1 diabetes will need to monitor their blood glucose levels, this might be through a monitor or through pricking their finger for drops of blood.

This may need to be done:

- Before meals.
- Before, during and/or after physical activity.
- If they are unwell.

Children might be wearing a blood glucose monitor on their arm, buttocks or abdomen.

- A flash glucose monitor will be scanned with a phone or reader that gives the glucose reading.
- A continuous glucose monitor (CGM) sends data to a phone which can be viewed anytime.

Children might use a finger pricking monitor, which is a reader device and a strip which is inserted into the monitor. The finger is pricked by a finger pricker device and a drop of blood can then be placed on the strip and the device will record the blood glucose level.

### Medication

Pupils with type 1 diabetes will require insulin, this might be delivered through an injection or a pump.

### Injections

Pupils who need to inject will need to bring



insulin and injecting equipment into school. They may need to take insulin multiple times a day.

Children require injections of rapid-acting insulin whenever they eat a meal or snack, so children will require an injection during school hours.

Many children adjust the dose of insulin needed; depending upon the current blood glucose level and the amount of carbohydrate in the meal they are eating.

Injection sites commonly are the outer thigh, abdomen, upper buttock and upper arm (if enough flesh to inject).

### Insulin Pumps

Insulin pumps deliver a small amount of insulin around the clock, directly or via a small tube on their body. They may need to take extra insulin when they eat or when their blood sugar becomes too high, this is called a correction dose.

### Hybrid Closed Loops (HCL)

Hybrid closed loop (HCL) systems link continuous glucose monitoring (CGM) with insulin pump technology to monitor blood glucose and automatically adjust the amount of insulin given through a pump to people living with type 1 diabetes. Children will still need to enter carbohydrates and let the pump know when activity/exercise is taking place.



## Understanding Hypers and Hypos

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Hypers are when the blood sugars are too high and hypos are when the blood sugars are too low, both can lead to a person becoming unwell. You must follow the pupils individual care plan.

### Hypo

Children with diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo. They should not be sent to find a member of staff.

Signs and symptoms of hypo:

- Trembling
- Fast heart rate
- Pallor
- Sweatiness
- Difficulty concentrating
- Blurred vision
- Difficulty hearing
- Slurred speech
- Poor judgement
- Problems with short term memory (neurological dysfunction)

The blood glucose level at which signs and symptoms occur may vary according to the individual. Young people may also exhibit behavioural or mood changes when their blood glucose levels fall but remain within or above normal range.

### Hypers

Special consideration must be given to pupils who appear unwell or who become unwell during the school day due to either high glucose levels or illness.

Pupils at high risk, include those that there are known social or safeguarding concerns or where compliance with diabetes care is poor.

Symptoms can include thirst, requiring the toilet more frequently to pass urine, blurred vision, feeling tired and/or weak.

Common causes of high blood sugars can include, illness, stress, eating too much starch/sugary foods, being less active than usual, and missing a dose of diabetes medication.



## Mobile phones and diabetes

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Advancement in diabetes technology has changed how pupils manage their diabetes, including the use of their mobile phone.

If the diabetes device and mobile phone communicate via Bluetooth then wi-fi is not required however the mobile phone will need to be less than 6 metres away from the pupil and have the appropriate alerts on. Where it is alerting for low or high blood glucose levels it can be on vibrate. Urgent notifications that need immediate attention cannot be muted.

The school will need to ensure that there are measures in place for the pupil's diabetes to be managed and that exam invigilators are aware

what they need to do to support the pupil.

Adjustments regarding mobile phone restrictions in school should be in place for pupils with medical conditions. Such adjustments should be included within the school's mobile phone policy. Where mobile phone use allows pupils to manage their medical condition effectively, it would not be reasonable for a school to prevent this.

All pupils with diabetes should have an individual health care plan which should include details of the technology and equipment they need to manage their diabetes.

## Diet and activity

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Pupils with diabetes do not need a special diet and are able to eat all kinds of food. As with anyone a healthy, balanced diet is recommended, which contains food from the main food groups. It is advised that meals contain carbohydrates to prevent blood sugars dropping too low. Pupils usually "carb count" which helps to keep blood sugars steady. If schools or school caterers are able to support carb counting, they can, but there is no expectation that schools and school caterers are to carb count for school meals provided. Parents may ask to see menus in advance and visit at

a lunch time to look at general size of portions given so they can estimate carbs.

As for all children and young people physical activity is an important part of a healthy lifestyle for pupils with diabetes. However, being active may affect their blood sugar levels, therefore it is important to know what needs to be done before, during and after physical activities, such as monitoring, snacks, disconnection of pumps, bolus (additional) insulin. This should be included in the pupil's individual health care plan.

## School Trips

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**Every child with diabetes should have access to extracurricular activities, including overnight stays and trips abroad.**

Before a school trip that includes times outside of normal school hours, there should be a meeting with parents, pupil and the diabetes nurse to cover the needs of the pupil. You need to ensure that there is plenty of time prior to the trip to ensure arrangements are in place and that adults on the trip are trained in the pupil's diabetes care. The decisions discussed and agreed plan/actions should then be included in the visit's risk assessment.

## Exams

When pupils with diabetes have exams, specific plans should be included in that year's individual healthcare plan and agreed between the schools, the pupil and their parents.

Where a pupil with diabetes will need access to their mobile phone during exams, an application needs to be made by the exam officer. Please check for information, dates and forms at [Access Arrangements, Reasonable Adjustments and Special Consideration - JCQ Joint Council for Qualifications](#)

The school's exam policy should reference the procedures in place for a pupil with diabetes.



## Training

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We suggest that all staff in school complete the diabetes awareness e-learning - [DigiBete School and Community Training Platform \(diabetesinschools.org\)](#)

The local diabetes team will provide information specific for each child with diabetes.

## Websites for further information

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- [Diabetes in children and young people - Lincolnshire ICB](#)
- [Home - DigiBete](#)
- [Diabetes UK - Know diabetes. Fight diabetes. | Diabetes UK](#)

## Acknowledgements

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- [Children-and-young-peoples-diabetes.pdf \(transformationpartners.nhs.uk\)](#)
- [Managing Diabetes In School Pack \(cumbria.gov.uk\)](#)
- [Diabetes at school - Resource Library - Sheffield Children's NHS Foundation Trust \(sheffieldchildrens.nhs.uk\)](#)



