



Inspiring Optimistic Learners

## Medical Needs Policy

<b>Reviewed:</b> Nov 2020	<b>Next review due:</b> Nov 2021
<b>Governing Body Committee:</b> N/A	<b>CLT contact:</b> Becky Lear
<b>Policy adopted by the Full Governing Body on:</b> N/A	

## **I. Policy Statement/Rationale**

The College is an inclusive community that aims to support and welcome students with medical conditions.

The College aims to provide all students with all medical conditions the same opportunities as others at College.

The College ensures all staff understand their duty of care to children and young people in the event of an emergency.

- All staff feel confident in knowing what to do in an emergency.

The College understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

The College understands the importance of medication being taken as prescribed and its safe storage.

The College understands the need to have accurate medical advice which is drawn up in conjunction with the student's parent/carer.

- All staff understand the common medical conditions that affect students at this College and make themselves aware of the medical action plans relating to individual students via SIMs and College 'T' drive.
- Identified staff receive training on the impact medical conditions can have on students.

The College policy has been drawn up in consultation with local key stakeholders:

- College School Nurse, DSL, CLT
- Students with medical conditions
- Parent/carer
- Diabetic nurse (please see appendix)
- Business Manager for the College with responsibility for Educational Visits
- Medical Needs Co-ordinator
- Reception staff
- Teaching Assistants (IA's)

The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

## **2. Parents and Students**

Students and parents/carers are made aware via:

- Student College Council;
- assemblies;
- the College newsletter/Face book /under website link 'pastoral' or 'information'
- personal, social and health education (PSHE);
- parents/carers of students with medical needs are contacted at the start of the year to review or update their child's medical action plan and policy;
- all parents/carers are required to inform the College on admission, on the enrolment form.

Policy updated: November 2020

### 3. College Staff

College staff are informed about the medical conditions policy:

- in the Staff Induction Handbook and process;
- relevant staff at scheduled medical conditions training eg; IA's
- as part of safeguarding training;
- supply and temporary staff are informed of their responsibilities with regards to those students who hold a **medical action plan** via Cover Manager.

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this College:

- All staff at this College are aware of the most common serious medical conditions and how to respond in emergency situations:
  - via staff briefing; email updates from medical needs co-ordinator
  - annual training led by nominated First Aiders or School Nurse;
  - in an emergency situation College staff are required under common law duty of care to act like any reasonably prudent parent/carer.

This may include:

- administering medication;
- action for staff to take in an emergency for serious conditions at this College is displayed in prominent locations for all staff / visitors i.e. location of defibrillator, posters on staff notice board and other areas directing to first aider;
- contacting First Aiders in College;
- **Nominated First Aiders** are made aware of all Students with **medical action plans** and ensure in case of emergency with external medical support (ie paramedics) that these are passed on.

The College has clear guidance on the administration of medication at College.

#### 4. a) Administration – Emergency Medication

- All students at this College with medical conditions have **easy access to their emergency medication**.
- Students with medical conditions may need to carry and administer their own medication when their parents/carers and health specialists determine they are able to start taking responsibility for their condition.
- Students may carry their **emergency** medication with them if agreed with parent/carer and the appropriate form is completed, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971.
- This is also the arrangement on any off-site or residential visits.
- Students who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely or know where their medication is stored and how to access it.

## **b) Administration – General**

All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of a named member of staff at this College.

This College understands the importance of medication being taken as prescribed.

## **5. Medical Conditions at College Policy**

- All staff should be aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- For medication where no specific training is necessary, the nominated adult/ Student/Receptionist may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent/carer.
- Training is given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.
- Parents/carers at this College should understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the College immediately.
- If a student at this College refuses their medication, staff record this and follow procedures. Parents/carers are informed as soon as possible.
- If a student at this College needs supervision or access to medication during home to College transport, the College will contact Cornwall Council.
- All staff attending off-site visits/trips are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed (see Educational Visits policy).
- If a trained member of staff, who is usually responsible for administering medication, is not available this College makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities (Educational Visits policy).
- Where students receive part of their educational provision off site staff at the host College will receive medical information and be responsible for emergency care.
- If a student misuses medication, their own or another student's, their parents/carers are informed as soon as possible. These students are subject to the College's usual disciplinary procedures.

## **6. Safe Storage – Emergency and Non-Emergency Medication Protocols**

- College medical room will be used to store and administer medication.
- Emergency medication is readily available to students who require it at all times during the College day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- All controlled drugs are kept in a locked cupboard and only named staff have access, even if students normally administer the medication themselves:
- Lockable cupboard for medication (Epipens) – with spare keys held with nominated adult Receptionist, SiteTeam, College safe.

- College completes annual audit of safe storage including refrigeration arrangements via College Nurse.
- Sticker on fridge: No student must remove medication without permission of member of staff.
- Students at this College are discouraged from carrying their emergency medication unless negotiated with parents/carers and College.
- There is an identified member of staff who ensures the correct storage of medication at College: via College Nurse Audit.
- The identified members of staff check the expiry dates for all medication stored at College.
- The identified member of staff, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to College is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication for students at this College may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.
- All medication is sent home with students at the end of the academic year.
- Medication is not stored in summer holidays.
- It is the parent's responsibility to ensure new and in date medication comes into College on the first day of the new academic year.

## **7. Safe Disposal**

- Parents/carers at this College are asked to collect out-of-date medication.
- If parents/carers do not pick up out-of-date medication, or at the end of the academic year, the medication is taken to a local pharmacy for safe disposal.
- A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.
- Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this College are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to College or the student's parent/carer.
- Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **8. Enrolment Forms**

This College has clear guidance about record keeping.

- Parents/carers at this College are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each academic year. Parents/carers of new students starting at other times during the year are also asked to provide this information on enrolment forms.

## **9. Healthcare Plans - Drawing up Healthcare Plans**

Policy updated: November 2020

- This College uses a Medical Action Plan to record important details about individual children's medical needs at College, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Medical Action Plan if required.
- A Medical Action Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of students with a long-term medical condition. This is sent:
  - at the start of the academic year;
  - at enrolment;
  - when a diagnosis is first communicated to the College;
- If a student has a short-term medical condition that requires medication during College hours, the College requires a medication form to be complete.

## Torpoint Community College – First Aid Trained Staff

Name	Qualification	Expiry Date	Remarks
<b>Student Support</b>			
Ann Parton	First Aid at Work	08/03/2020	
Helen Viola	First Aid at Work	08/03/2020	
June Porter	Emergency First Aid at Work	23/09/2020	
<b>Site Team</b>			
<b>Admin Team / Sixth Form</b>			
<b>Catering Team</b>			
Tina Crago	First Aid at Work	03/07/2022	
Mary Shearman	Emergency at Work	22/02/2020	
<b>Housekeeping Team</b>			
Mary Shearman	Emergency at Work	22/02/2020	
Diane Marlow	Emergency at Work	22/02/2020	
<b>Cover Supervisors</b>			
Lucy Sissons	First Aid at Work	29/11/2020	
<b>DT/Art</b>			
Liz Bell	Emergency First Aid at Work	14/02/2022	
Hannah Jump	Emergency First Aid at Work	14/02/2022	
<b>Geography</b>			
Chelsey Lindup	Emergency First Aid at Work	14/02/2022	
<b>Medical Room</b>			
Jeanette Moyle	First Aid at Work	15/02/2022	
Iona Davies	First Aid at Work	29/11/2020	
Vaness Ellis	First Aid at Work	29/11/2020	
Ann Parton	First Aid at Work	08/03/2020	
Helen Viola	First Aid at Work	08/03/2020	
Dave Lumbard	First Aid at Work	15/02/2022	
<b>MFL</b>			
Ed Riley	Emergency First Aid at Work	27/11/2020	
<b>PE</b>			
Matt Evans	Emergency First Aid at Work	14/02/2022	
<b>Science</b>			
Matt Davey	1st Response Course	02/02/2022	
Angie Pilley	Emergency First Aid at Work	14/02/2022	
<b>ICT Team</b>			
Justin Davis	FAA Level 3 Award in Emergency First Aid	14/02/2021	
Stacey Matthews	First Aid at Work	29/11/2020	

Extensions to Expiry Dates due to Covid

Policy updated: November 2020

CURRENT EXPIRY DATE	NEW EXPIRY EXTENSION
Between the 16 <sup>th</sup> March 2020 and 30 <sup>th</sup> April 2020	New expiry date of the 31 <sup>st</sup> October 2020
Between the 1 <sup>st</sup> May 2020 and 30 <sup>th</sup> September 2020	Add six months to their current expiry date
Between the 1 <sup>st</sup> October 2020 and 31 <sup>st</sup> March 2021	New expiry date of the 31 <sup>st</sup> March 2021
After the 1 <sup>st</sup> April 2021	No change



One + all | we care



## Schools Policy for Paediatric Diabetes

V1.0 16/02/2018



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## 1. Introduction

The aim of developing a Schools Policy is to give clear guidance for supporting pupils at school with medical conditions in particular Diabetes Mellitus

## 2. Purpose of this Policy/Procedure

The purpose of this policy is to provide information and guidance for school staff to care for children with diabetes. As part of the RCPCH - Children and Young Peoples Diabetes Quality Programme (CYPDQP) Peer Review. The paediatric diabetes service is required to have a written policy to share with the Local Authority (LA).

## 3. Scope

This policy applies to school staff who deal with children who have diabetes. Staff should undertake regular updates to keep them with up to date knowledge and skills.

## 4. Definitions / Glossary

Term	Meaning
PDSN	Paediatric Diabetes Specialist Nurse. Is a Paediatric nurse who specialises in looking after children and young people with diabetes. They have formal training in diabetes
Hypo	Hypoglycaemia is when a child's blood glucose reading is less than 4mmol/L and requires treatment
Hyper	Hyperglycaemia is when a child's blood glucose level is above 14mmol/l and requires treatment
LA	Local Authority
BGs or BGM	Blood Glucose or Blood Glucose monitoring
Correction dose	Insulin dose to correct a higher reading
CCG	Clinical Commissioning Group.

## 5. Ownership and Responsibilities

### 5.1. Role of the Paediatric Diabetes Team

Paediatric Diabetes Team are responsible for: providing training which should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative

measures. The Paediatric diabetes team will work in collaboration with the family and school to complete an individualised healthcare plan. (Appendix 2)

## **5.2. Role of the Head Teachers**

To ensure that sufficient trained numbers of staff are available and have had appropriate training to implement the policy and deliver against all individual healthcare plans, including training and emergency situations.

## **5.3. Role of Parents or Carers**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. The family will often provide relevant information to staff and how their child's needs could be met.

## **5.4. Role of Governing Bodies**

Governing bodies should consider providing details of continuing professional development provision opportunities.

## **5.5. Role of Clinical Commissioning Groups (CCGs)**

CCGs should be responsive to local authorities and schools seeking to strengthen links between health services and schools.

## **5.6. Role of Ofsted**

Ofsted inspectors will be aware of medical conditions and that the child's medical needs are being met.

# **6. Standards and Practice**

## **Availability**

- I. School education dates are submitted to Cornwall County Council and are then emailed out to all schools and colleges via their "Messenger service"
- II. Each School will also be emailed relevant dates of training sessions.

## **Booking Training dates**

Individual school staff then book onto the training session via the Paediatric Diabetes office, confirming their name, date, time and school.

## Confidentiality

Ground rules are set this includes confidentiality that personal details are not discussed outside of the teaching session.

## Documentation and Reporting

A maximum number of participants is 12 people. Certificate of attendance will be given. Information packs given to school staff. Evaluation of the course session is verbal and written.

## 7. Dissemination and Implementation

This policy will be disseminated on the document library and sent to the LA

Shelagh Newman PDSN is the named person in charge of school education as advised by Paediatric Diabetes Peer review.

School session teaching plan (Appendix 4)

Annual update of training needs analysis to ensure up to date evidence based education is undertaken.

## 8. Monitoring compliance and effectiveness

Element to be monitored	Teaching material and the teaching standard will be monitored at each session and then 6 monthly.
Lead	The Diabetes team will collate the feedback forms and undertake a thematic analysis.
Tool	The reporting thematic analysis form is included in appendix 2
Frequency	Each session and then bi annually
Reporting arrangements	Paediatric Diabetes team meetings and recorded in the team's minutes which then get attached to the woman and children's committees.
Acting on recommendations and Lead(s)	The Paediatric diabetes team will work collaboratively to ensure that recommendations/actions are completed in a timely manner. PDSNs have undertaken training in teaching and assessing.
Change in practice and lessons to be shared	Any changes to practice /lessons learned will be shared through senior meetings. Discussion with the Paediatric Diabetes Network. Where applicable email communication will also be utilised.

## **9. Updating and Review**

This policy will be reviewed three yearly or in line with any specific changes to Professional Body standards/guidelines. Additionally it will be reviewed in line with any changes to required standards by RCPCH - Children and Young Peoples Diabetes Quality Programme (CYPDQP) Peer Review. Best Practice Tariff (BPT)and National Paediatric Diabetes Audit.( Appendix I )

## **10. Equality and Diversity**

Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees. This document complies with the above statement.

Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at (Appendix 3)

## **Children with Diabetes and Attending school.**

Type I Diabetes is a lifelong chronic condition. Children diagnosed with Diabetes have to manage this on a day to day basis. There is no time scale until they can have a day off from it, not even on birthdays or Christmas.

This day to day management includes going to school, this can be a challenge for all parties.

To support both the Child and the teaching staff, the Department for Education has produced a white paper **Supporting pupils at school with medical conditions, (April 2014)**.

**The key points of this document states that pupils with a medical condition should be properly supported so that they have full access to education, including school trips and physical education.**

Governing bodies must ensure that arrangements are in place to support the pupils at school and that the school leaders work closely with health and social care professionals, pupils and parents/carers to ensure the needs of children with medical conditions are effectively met.

Parents /carers of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupil's feel safe.

It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

The paper continues, stating schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

Children and young people with diabetes are entitled to a full education and have the same rights of admission to school as other children. It clearly states that a child should not be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

The paper highlights the importance of the individual health care plan, (point 17), and these should be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional.

Point 22 states the Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with diabetes.

Ofsted places a clear emphasis on meeting the needs of the children with diabetes, considering the quality of teaching and the progress made by these pupils. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

The school's policy should be clear that any member of school staff who supports a child with diabetes should have received suitable training.

The health care professional should lead on identifying and agreeing with the school the type and level of training required and how it is going to be delivered. The training should be sufficient to ensure that the staff are competent and have confidence in their ability to support pupils with diabetes, and to fulfil the requirements as set out in individual health care plans.

Staff must only administer Insulin, either by injections or insulin pump when they have received the appropriate training and are deemed competent by the healthcare professional.

The guidance covers the issue about the child's role in managing their own medical needs. This needs to be recognised and incorporated into the individual's health care plan, in agreement with parent, child and healthcare professional. Children who can take their own medicines themselves or manage procedures will still require an appropriate level of supervision.

All medicines should be stored safely but the children with diabetes needs to have easy access to them and should not be locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

Governing bodies should ensure that a child with diabetes is fully supported to be able to fully participate on all school outings and residential trips if they choose to go and under no circumstance should they be prevented due to the diabetes.

The Department for Education conclude with a listing of unacceptable practice and state that the Governing body need to ensure the school policy is explicit about what practice is not acceptable. There is a comprehensive list but below are just a couple of points that are particularly applicable to those children with diabetes.

Children should not be penalised for their attendance record if their absences are related to their diabetes, such as attending hospital for their clinic appointments.

Children with diabetes should not be prevented from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Department for Education, (April 2014) Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

The Paediatric Diabetes team meets the recommendations of these guidance documents in the following ways;

- A Paediatric Diabetes Specialist Nurse (PDSN) will go into the school and educate staff face to face on the management of diabetes of children who are newly diagnosed with diabetes.

- Children who have established diabetes, the teachers/school staff are invited to attend a 3-hour education session provided by the Diabetes team at the hospital.
- The ultimate goal of the session is to provide the appropriate knowledge and skills for the teaching staff to support and manage the child with diabetes throughout the school day and on a school residential trip.

The session begins with a quiz for each learner to recognise the level of knowledge of diabetes they may have, if any. This will then be revisited at the end of the 3 hours.

The PDSNs leading the session questions the group inviting them to introduce themselves and saying how much experience they have of diabetes, and what they hope to achieve from attending the session. This is written down and also revisited at the end.

A short video is shown which last for approximately 8 mins which explains Type 1 and Type 2 diabetes and the differences between them.

Following on from this the PDSN talks through insulin, the role it plays, the action of it and the different devices used to administer it, pen injectors and pumps. The storage and shelf life of insulin is also discussed as this is relevant for those pupils who go on the residential trips.

To consolidate this information there is a practical session where each learner is able to have an insulin pen and they are talked through correct injection technique and have the opportunity to place the needle on the pen and inject into a practice sponge to give them the knowledge to support and guide the child giving their injection. It might be that the school staff are having to do the injection as the child is too young or do not have the skills to be doing it themselves.

The group then swap and handle the insulin pump, they are talked through how to enter a blood glucose reading and a carbohydrate amount, and how to be able to read the screen and then instruct the pump to deliver the insulin.

At the end of each exercise any questions or queries are answered.

After a short break the session moves on to blood glucose monitoring. The learners are shown the different devices that the children tend to use and then the technique required to get an accurate blood glucose reading. Another practical session allows the group to practice with the Expert meter, the bolus calculator, obtaining a blood glucose reading, (using practice blood solution) and imputing a carbohydrate amount, hopefully resulting in an insulin bolus dose calculated by the meter.

The next section goes on to explain about the relevance of blood glucose readings. This covers hypoglycaemia, the importance of recognising this and treating immediately and appropriately, and hyperglycaemia and ketones emphasising when action is needed. There are scenarios and a gapped word exercise to consolidate this information.

To cover healthy eating and carbohydrate counting the dietitian usually leads on this. There is a short video which gives an explanation of how carbohydrate counting works. Then the dietitian involves the learners by getting them to read food labels, think about food groups, portion sizes and then calculating the amount of carbohydrates in a typical school meal and a packed lunch by using the 'carbs and cals' book.

The dietitian completes this section by talking briefly about diabetes and exercise and the



importance of blood glucose monitoring and extra snacks being required with intense exercise.

With each section a reference is made to residential trips and there is a booklet available to support this information.

Concluding the session, there is time for any further question or queries. Answers to the quiz are given as interactive exercise. Each school is given a pack which has written information on all the topics discussed within the session and contact numbers of the paediatric diabetes team including the on-call contact system.

There is a verbal evaluation and the aims set at the beginning of the session are revisited to see if they have been achieved. Each learner is asked to complete a written evaluation form. On leaving they are presented with a certificate of attendance.

The PDSNs organise monthly visits into the secondary schools, where they meet with the child with diabetes, on a one to one basis, or sometime as a group to review diabetes management and education. Parental consent is obtained. Any issues involving school can be addressed at this time. Individual school healthcare plans are written in partnership with the parent, child and PDSN and revised each year.

## Appendix I. Governance Information

<b>Document Title</b>	Paediatric Diabetes Education Training Session			
<b>Date Issued/Approved:</b>	19 <sup>th</sup> July 2018			
<b>Date Valid From:</b>	19 <sup>th</sup> July 2018			
<b>Date Valid To:</b>	19 <sup>th</sup> July 2021			
<b>Directorate / Department responsible (author/owner):</b>	Anita England Women & Children			
<b>Contact details:</b>	01872 254567			
<b>Brief summary of contents</b>	This policy outlines education sessions for school staff to ensure that staff are competent and confident in their ability to support pupils in their school with diabetes.			
<b>Suggested Keywords:</b>	Teaching, Training, School staff			
<b>Target Audience</b>	RCHT	PCH	CFT	KCCG
	<input type="checkbox"/>			
<b>Executive Director responsible for Policy:</b>	Job Title			
<b>Date revised:</b>				
<b>This document replaces (exact title of previous version):</b>	New Document			
<b>Approval route (names of committees)/consultation:</b>	Senior Nurse/Midwifery Women & Children's			
<b>Divisional Manager confirming approval processes</b>				
<b>Name and Post Title of additional signatories</b>	Anita England, Shelagh Newman			
<b>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</b>	{Original Copy Signed}			
	Name:			
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}			
<b>Publication Location (refer to Policy on</b>	Internet & Intranet	<input type="checkbox"/>	Intranet Only	



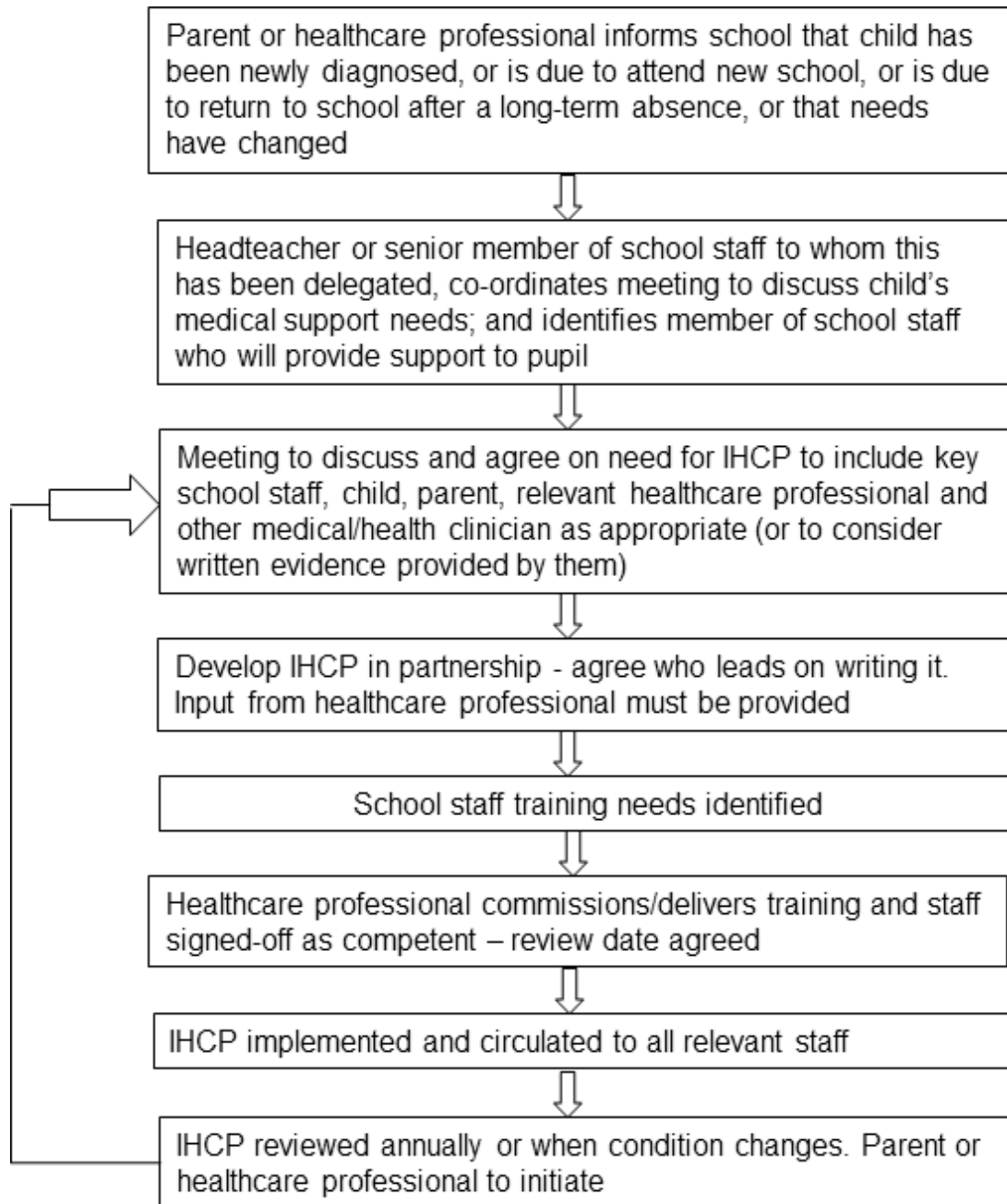
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**This document is only valid on the day of printing**

**Controlled Document**

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## Appendix 2 Model Process for developing individual health care plans.



## 7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

### Appendix 3. Initial Equality Impact Assessment Form

<p><b>This assessment will need to be completed in stages to allow for adequate consultation with the relevant group Schools Policy for Paediatric Diabetes</b></p>						
<p><b>Directorate and service area:</b> Women &amp; Children</p>			<p><b>Is this a new or existing Policy?</b> New Policy</p>			
<p><b>Name of individual completing assessment:</b> Anita England</p>			<p><b>Telephone:</b> 01872 254567</p>			
<p>1. Policy Aim*  Who is the strategy / policy / proposal / service function aimed at?</p>		<p>To provide a structured education to school staff to enable them to support children whilst they are in an educational setting.</p>				
<p>2. Policy Objectives*</p>		<p>Clear standardised education of staff to care for children and young people with diabetes.</p>				
<p>3. Policy – intended Outcomes*</p>		<p>Clear standardised education of staff to care for children and young people with diabetes.</p>				
<p>4. *How will you measure the outcome?</p>		<p>Feedback from school staff</p>				
<p>5. Who is intended to benefit from the policy?</p>		<p>School staff families and CYP</p>				
<p>6a Who did you consult with</p>		<p>Workforce</p>	<p>Patients</p>	<p>Local groups</p>	<p>External organisations</p>	<p>Other</p>
<p>b). Please identify the groups who have been consulted about this procedure.</p>		<p><b>Please record specific names of groups</b></p>				
<p>What was the outcome of the consultation?</p>						

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Are there concerns that the policy **could** have differential impact on:

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Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence			
<b>Age</b>		<b>x</b>					
<b>Sex</b> (male, female, trans-gender / gender reassignment)		<b>x</b>					
<b>Race / Ethnic communities /groups</b>		<b>x</b>					
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>x</b>					
<b>Religion / other beliefs</b>		<b>x</b>					
<b>Marriage and Civil partnership</b>		<b>x</b>					
<b>Pregnancy and maternity</b>		<b>x</b>					
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>x</b>					
<p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>You have ticked “Yes” in any column above and</li> <li>No consultation or evidence of there being consultation- this <u>excludes</u> any policies which have been identified as not requiring consultation. <b>or</b></li> <li>Major this relates to service redesign or development</li> </ul>							
8. Please indicate if a full equality analysis is recommended.				Yes		No	<b>x</b>
9. If you are <b>not</b> recommending a Full Impact assessment please explain why. Not required.							

Signature of policy developer / lead manager / director		Date of completion and submission
Names and signatures of members carrying out the Screening Assessment	1. 2. Human Rights, Equality & Inclusion Lead	



**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead** c/o  
Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro,  
Cornwall, TR1 3HD

**This EIA will not be uploaded to the Trust website without the signature of the  
Human Rights, Equality & Inclusion Lead.**

A summary of the results will be published on the Trust's web site.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 4. Teaching Plan

Time	Subject area	Learning outcomes		Lead	Teaching method	Resources
0915	Registration & Quiz	Complete quiz		Paediatric Diabetes Nurses	Explanation who the team is	Quiz
0940	Goals/ objectives	What participants want from the day		PDSN	Discuss	White board
0945	What is diabetes	Understanding the differences between type 1 and type 2		PDSN	Power point	Laptop Internet access
0955	The Role of insulin	Understand how insulin works		PDSN	Power point	Laptop Internet access
1000	Group work	Pumps  15 mins	Injections  15 mins	PDSN	Practical session	Insulin pumps/pens/Animas link/ Sharps bin/pumps/Injection Pads/Tissues Needles/
1030	Break					
1045	Blood glucose testing	To identify readings outside the normal target range and know what to do. When to test		PDSN	Practical session	Sharps bin/ Injection Pads/Tissues Needles/ Fake blood/Aviva Nanos (6)/
1100	Video	Diabetes and food		Dietitian input	Video	Laptop Internet access
1105	Healthy, balanced diet	Different food groups '5 a day' recommendations No special diet for diabetes		Dietitian input	Discuss	DAFNE plates White board
1110	What is CHO counting	Relationship between food and diabetes		Dietitian input	Practical	DAFNE plates plastic foods/Expert meters (6)

1120	Low and High Blood glucose readings	Scenarios	PDSN	Practical	Hypo and hyperglycaemia guidelines
1150	Exercise and how it can affect diabetes	Managing exercise in the school/residential setting	PDSN	Power point	Laptop Internet access
12.00	Quiz Questions and answers		PDSN		Quiz
1210	Feedback		PDSN		Feedback forms
1220	Finish				