

# Type 1 Diabetes in Early Years settings

## What is Type 1 diabetes?

Type 1 diabetes in children is a condition in which the child's body no longer produces an important hormone (insulin). The child needs insulin to survive, so the missing insulin needs to be replaced with injections or with an insulin pump. With Type 1 diabetes the glucose builds up in the blood. Type 1 diabetes has nothing to do with lifestyle or weight. Type 2 diabetes can be related to lifestyle factors, such as being overweight. Although it can develop in young people, it is very rare in children. There is no cure for type 1 diabetes in children, but it can be managed. Advances in blood sugar monitoring and insulin delivery have improved blood sugar management and quality of life for children with type 1 diabetes.

## How serious can diabetes be?

Hypoglycaemia (a hypo) happens when the blood glucose level is too low, usually below 4mmol/L. This can happen if a child has delayed a meal, not had enough carbohydrate in their last meal, runs around a lot without having the right amount of carbohydrate or reducing their insulin dose, or if they take too much insulin.

Hypos come on fast. Be aware of the signs of a hypo so that you can treat it quickly. If left untreated the child can become unconscious or have a seizure. This is called a **severe hypo**, and you would need help to treat it.

## Recognising a hypo

Children with Type 1 diabetes will tend to develop symptoms that warn them that their blood glucose levels are dropping too low. Typical symptoms include going pale, sweating, feeling hungry or complaining of tummy ache, difficulty concentrating, becoming clumsy and unsteady on their feet, trembling and feeling shaky, feeling tired and changes in behaviour such as feeling tearful, stroppy or moody. Young children might not notice these symptoms so it is important to look out for them. Babies can go floppy, look pale or go very quiet.

- If there is time, do a blood glucose test to make sure that what they're experiencing is a hypo. If a child is having a hypo, they will need to consume something sugary in order to bring their blood glucose levels back up to a safe measurement. If not, get them to eat first and test later.
- The best hypo treatments are sugary, quick-acting carbohydrates such as glucose tablets, jelly babies or ordinary (not diet) drinks or fruit juice. Chocolate is not advised as it works slowly, so it should be avoided for treating a hypo.
- Sit the child down and be calm until they feel better.
- Approximately 10 minutes after they have had something sugary, check their blood glucose again to see that it has gone up. Some children will need a longer-acting carbohydrate such as a piece of fruit, biscuit, small sandwich or their next meal if it is due. This will prevent their blood glucose levels from dropping again.

Parents, carers or the paediatric diabetes team will be able to advise if an extra snack is needed, and on the amount of drink or food needed to treat a hypo, as this will vary from child to child. Many young children will need extra snacks through the day.

# Type 1 Diabetes in Early Years settings

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## What potential issues can arise from a child having diabetes in my care?

Because of the risk of severe hypo, which ultimately can lead to organ damage or even death, early years settings must take heed of the following:

- All nurseries should make all the reasonable care arrangements required to support children with Type 1 diabetes.
- Children with Type 1 diabetes should have access to a nursery place of their parent's choice and the nursery should also be able to provide suitably trained staff to look after the child with Type 1 diabetes.
- All nursery staff caring for children with Type 1 diabetes should receive suitable training from a Paediatric diabetes specialist nurse (PDSN) and receive additional training as appropriate to meet a child's needs – the specialist nurses will provide training for any medical procedures you might need to carry out
- No parent should be required to go into nursery to provide for their child's diabetes care or be made to feel obliged to support their child during their time in nursery.
- Children with Type 1 diabetes can eat all the same foods and be involved in all the same activities, games and play as other children their age. In order to manage their condition well, they must eat a healthy and balanced diet with plenty of fruit and vegetables. It is a myth that children with the condition should not eat sugar.
- Nurseries should have a medical conditions policy in place, which recognises that every child with a medical condition is different and must be treated as an individual. The policy should also acknowledge that medical conditions can be life-threatening and impact upon a child's development.
- The medical conditions policy should clearly identify the roles and responsibilities of all those involved in supporting the child with diabetes whilst they are at nursery, and should be regularly reviewed.
- Nurseries should ensure that their medical conditions policy covers the role of individual healthcare plans and who is responsible for their development, in supporting every child with Type 1 diabetes. This can be facilitated by the nursery coordinating a meeting between the child's parents and the paediatric diabetes specialist nurse (PDSN). They should then draw up an individual healthcare plan together, which includes the child's full care needs and how they will be met in each case.

## Essential strategies

- Settings must refer to the DfE publication [Supporting children at school with medical conditions](#)
- Nurseries should ensure that all staff are aware of a child's Type 1 diabetes and the procedures to follow in the event of an emergency situation.
- Nurseries should ensure that staff receive adequate training from a PDSN. An adequate number of trained staff should be available at all times, including when there are staff absences and during times of staff turnover.
- For children who require constant supervision, nurseries should ensure that sufficient staff are available to provide 1:1 support

## Type 1 Diabetes in Early Years settings

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- It is important that children with diabetes participate in physical activity, for their long-term health. Activity may affect blood glucose levels, depending on the intensity, duration and how close the activity is to insulin dosages. Details of how to manage the blood glucose checking, food and insulin doses will be given in the child's Care Plan.
- The preschool child is unable to perform any diabetes tasks. They will need a named adult to undertake these tasks in the absence of their parents.
- All staff must know how to recognise a hypo and how to treat it.

Particular help is required at meal times and other blood checking times from identified staff who will be specifically trained for the following tasks.

- Perform and record blood glucose checks
- Administer lunchtime insulin injection or administer a dose using an insulin pump

Ensure that a detailed Care Plan is in place which should include:

- Details of the prescribed insulin, including the dose to be given, the procedure for injecting via a pen device or an insulin pump.
- Details of who will help the child with medication and blood glucose checking and where these tasks can be undertaken safely, ensuring the dignity of the child/young person is maintained.
- Descriptions of the child's symptoms of low and high blood glucose levels and what staff will do if either of these occurs. The plan should also make clear when a parent or carer should be contacted, and under what circumstances an ambulance should be called.
- A description of the training that will be given to relevant members of staff.
- Details of when a child needs to eat meals and snacks. If a child needs to go to the front of the lunch queue or have other arrangements at lunchtime these should be noted.
- Details of where any medication will be stored and who will have access to it.
- Records of the training that has been given to the staff from the Diabetes Specialist Staff.

### Desirable strategies

Head of School or Early Years setting will be responsible for:

- Ensuring that all school/setting employees are aware of a child having diabetes, are able to access the child's Care Plan in the school setting and know how to assist them when necessary in a diabetes emergency (especially hypoglycaemia).
- Ensuring that appropriate health and safety risk assessments have been carried out.
- Identifying a minimum of two, and maximum of four, named volunteers from the establishment who will be trained in the management of each individual child/young person's diabetes. Establishing the safe storage of diabetes containers (containing, if necessary, insulin injection devices as well as hypoglycaemic treatment), and disposal of used "sharps".

## Type 1 Diabetes in Early Years settings

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The setting should ensure that the parents are responsible for providing –

- All materials and equipment necessary for diabetes care tasks, including blood glucose/ketone checking and insulin administration (if needed).
- The parent/carer is responsible for the maintenance of the blood glucose/ketone checking equipment (i.e. cleaning and performing controlled testing per the manufacturer's instructions) and must provide equipment necessary to ensure proper disposal of materials (sharps boxes).
- Supplies to treat hypoglycaemia, including a source of glucose and a supply of Glucogel.
- Information about the student's meal/snack schedule.
- The parent should work with the setting to coordinate this schedule with that of the other children/young people as closely as possible. For young children, instructions should be given for when food is provided during setting parties and other activities.
- Emergency phone numbers for the parent/guardians and the diabetes team so that school/establishment personnel can make contact in times of emergency or to answer queries.
- Calculating carbohydrate content of school meals and snacks

It is recommended that staff observe the parent for one week and then the parent observe staff for a further week.

### Useful resources

[Caring for children with type 1 diabetes in nurseries](#)

[Useful video guides – Digibete \(NHS\)](#)

[Pre-School Digibete](#)

[Early years and diabetes advocacy pack](#)