RADLEY

Diabetes Management in College and Boarding

April 2026

Introduction

The College is committed to ensuring that pupils with diabetes, as far as is possible, have full and equal access to all elements of a Radley education and that they are kept safe while being supported to develop age-appropriate independence in managing their condition.

This policy applies to pupils with diabetes, all teaching and support staff, boarding staff, healthcare staff and visiting professionals. It is underpinned by the following relevant UK legislation and guidance:

- Equality Act 2010
- Independent School Standards
- National Minimum Standards for Boarding Schools
- DfE guidance: *Supporting pupils at school with medical conditions*

The College will make reasonable adjustments and will not treat a pupil unfavourably because of diabetes-related needs.

The College adopts these core principles:

- No pupil with diabetes should be excluded from any part of the curriculum, boarding experience, clubs, trips or residential visits solely because of their condition.
- Every pupil with diabetes has an up-to-date, written Individual Healthcare Plan (IHP).
- In light of the College being a full boarding school, parents are not expected to attend routinely to manage a pupil's diabetes.
- All decisions and plans are made in partnership with the pupil (where appropriate), parents/carers and the specialist diabetes team.

Roles and Responsibilities

1. Council ensures the College policies provide suitable coverage of diabetes at the College and that appropriate resources, staffing and training are allocated to implement this policy.
2. The Warden and Deputy Head (Pastoral) have overall responsibility for the implementation of this policy in College and ensure that appropriate time and attention are allocated to ensure effective management of it.
3. The Lead Nurse and Nursing Team coordinate identification and support for pupils with diabetes; lead on developing and reviewing IHPs and associated risk assessments; liaise with paediatric diabetes teams, GPs and other health professionals; provide or coordinate suitable staff training; ensure agreed night-time monitoring and response regimes are effectively managed and appropriately oversee requirements for relevant medication and equipment.
4. Tutors, Pastoral House Mistresses (PHMs), Residential Sub-Tutors (RSTs) and other boarding staff help to implement IHPs within the Social (boarding house), supported appropriately by Health Centre provision.
5. Teaching staff are suitably trained and informed to be familiar with pupils in their care who have diabetes, know how to access IHPs and emergency procedures and can support pupils' access to reasonable adjustments during lessons, exams and trips.

6. Parents/carers are expected to provide accurate, up-to-date information about their child's diabetes, treatment and equipment.
7. Pupils with diabetes are encouraged and supported to take an active role in managing their condition, in line with age and understanding, as agreed in the IHP.
8. Where appropriate, and with the agreement of the pupil and parents, a limited number of peers may be given "need-to-know" information about how to respond in an emergency. This will be reflected in the IHP.

Identification, Admission and Planning

- At admission and at any point thereafter, parents are asked to declare any diagnosis of diabetes and provide relevant medical information as soon as it is available.
- On notification of diabetes (new or existing), the Health Centre arranges a planning meeting involving parents, the pupil, Lead Nurse, boarding staff and, where possible, a member of the diabetes team.
- An IHP is drawn up and signed by the College, parents and, where appropriate, the pupil, and is accessible to relevant staff in College and boarding houses.
- Each IHP will normally include:
    - Pupil details, diagnosis, contact details for parents and healthcare team
    - Usual insulin regimen and method of administration
    - Target blood glucose range, monitoring schedule and equipment
    - Signs and symptoms of hypo and hyperglycaemia and individual thresholds for concern
    - Step-by-step treatment of hypos and hypers, including use of glucagon where prescribed
    - Daytime arrangements (classroom, sport, exams, trips)
    - Boarding/overnight arrangements
    - Actions during illness, infection or high levels of physical activity
    - Plan for school trips and residentials, including delegation of responsibilities and additional risk assessments
    - Review date and triggers for early review (eg change in treatment, significant incident)

  IHPs are reviewed at least annually, and after any significant incident or change in clinical advice.

Daily Management in College

- Pupils with diabetes are allowed to check blood glucose/use CGM, administer insulin and eat snacks as required, in the classroom, Health Centre or other suitable location, as set out in the IHP.
- Pupils are allowed to carry an electronic device (eg smart phone) with the purpose of monitoring blood glucose. The boarding staff and Health Centre will also have access to this data.
- Safe storage arrangements are made for insulin and other medicines in a locked medical cupboard or fridge, while ensuring timely access as agreed in the IHP.

- Staff supervising sports and off-site activities carry a copy of relevant IHP information and ensure emergency supplies travel with the pupil.

Overnight Management in Boarding

- Socials maintain a copy of the IHP and any boarding-specific plan, accessible to trained boarding staff on duty.
- Between the hours of 10pm and 7am, monitoring and response will be the responsibility of the Health Centre with trained staff being available to attend in situ when intervention is required. Other boarding staff on duty will be available to help in emergency situations.
- Fast-acting carbohydrate, longer-acting snacks and any prescribed emergency medication are kept readily accessible in the Social, stored safely in line with medicine management procedures with the Health Centre informed of locations.
- Parents are informed of overnight incidents in line with the agreed communication plan (immediately for serious events and by the next day for minor ones, unless otherwise agreed).

Emergencies

- All staff who have regular contact with pupils with diabetes receive training on recognising and responding to hypoglycaemia and hyperglycaemia.
- Emergency procedures are clearly displayed in key locations (Health Centre, Socials etc) and form part of staff induction and refresher training.
- After any emergency, the incident is recorded, parents are informed, and the IHP and risk assessments are reviewed to identify any learning.

Training and Competence

- The College arranges regular suitable training for relevant staff.
- Staff asked to perform specific clinical tasks must be trained and certified as competent and confident to undertake the task; no member of staff is required to act beyond their level of training.

Record Keeping, Confidentiality and Information Sharing

- The College maintains up-to-date records of IHPs, consent forms, staff training and any diabetes related incidents, in line with data protection and safeguarding requirements.
- Information about a pupil’s diabetes is shared with staff on a “need-to-know” basis, with parental consent where required, so that appropriate support and emergency response can be provided.

Monitoring, Review and Complaints

- This policy is reviewed annually, or sooner following significant changes in legislation, guidance or best practice, or after a serious incident.

Responsibility – Day and Overnight Care

A. Identification and Planning

1. Parent notifies College of diabetes (admission form or new diagnosis)
2. Lead Nurse and Deputy Head (Pastoral) informed
3. Planning meeting arranged (parents, pupil, Lead Nurse, boarding staff, plus diabetes team where possible)
4. IHP and boarding plan drafted, agreed and signed.

B. Daytime Responsibility (school hours)

1. Primary responsibility: Pupil self-monitoring
2. Secondary responsibility: Nursing Team (or named trained member of staff) for clinical oversight where needed and called upon with Dons for day-to-day support.
3. If hypo/hyper suspected in class:
    - Pupil and Don follow emergency steps and self-manages
    - If ongoing and no response to treatment, Health Centre called for support
    - If serious or not responding, call emergency services and inform parents

C. Handover to Boarding

1. Primary responsibility: Pupil self-monitoring, with oversight of Tutor, PHM and RST
2. Secondary responsibility: Nursing Team (or named trained member of staff) for clinical oversight where needed and called upon with Dons for day-to-day support

D. Overnight Responsibility (boarding, 10pm-7am)

1. Primary responsibility: Health Centre team, remotely monitoring overnight.
2. PHM, Tutor and RST available as an on-call in case of emergency.
3. Night-time checks carried out as per IHP
4. If hypo/hyper at night:
    - Health Centre staff follow written emergency actions (treat, recheck, monitor).
    - If concern persists or thresholds in IHP are reached, 111/999 and inform parents per plan.

E. Review

1. After any significant incident, The Lead Nurse convenes review with parents, pupil, and boarding staff and the IHP is updated and reshared.