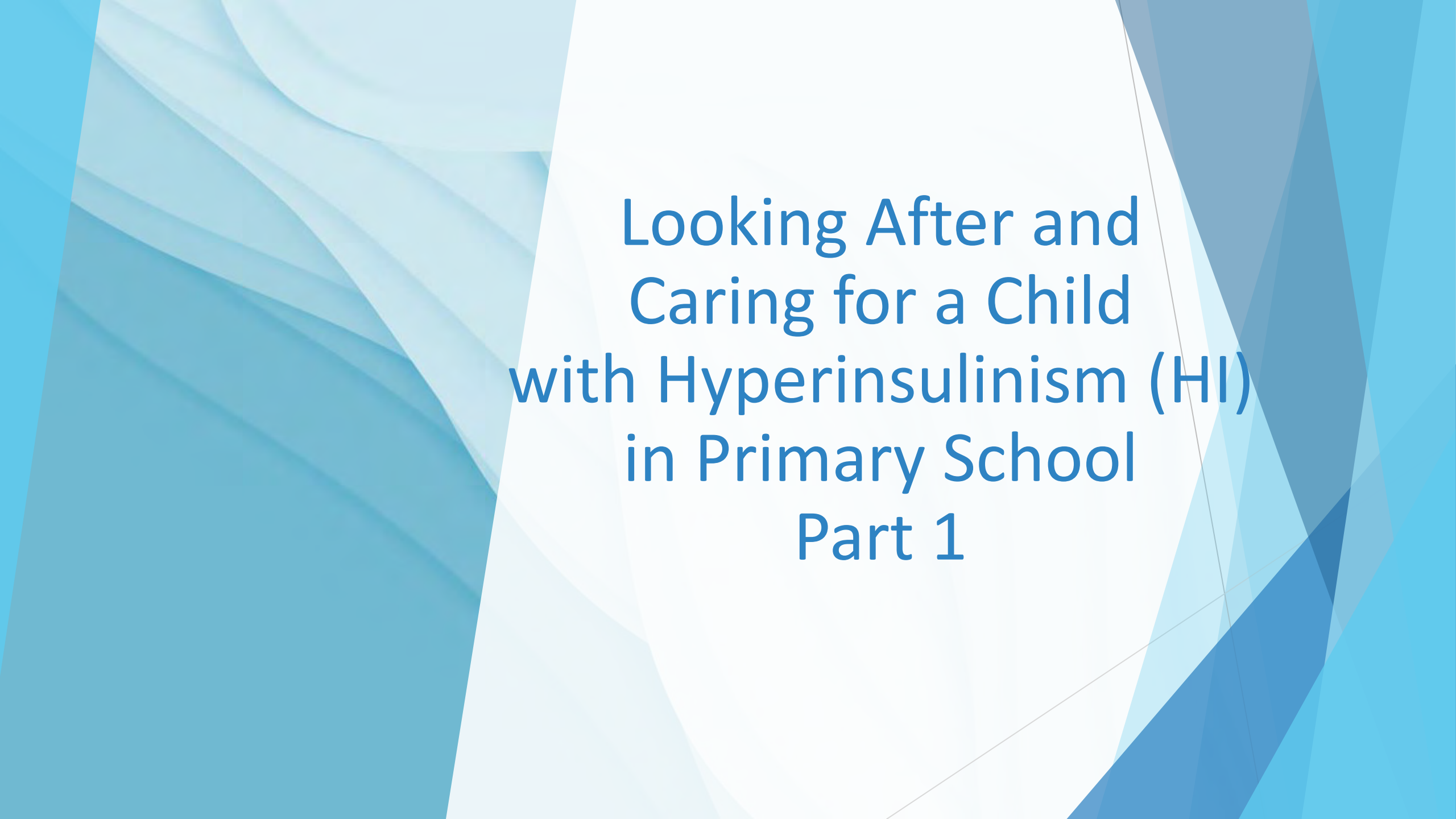




# Transitioning from Junior to High School

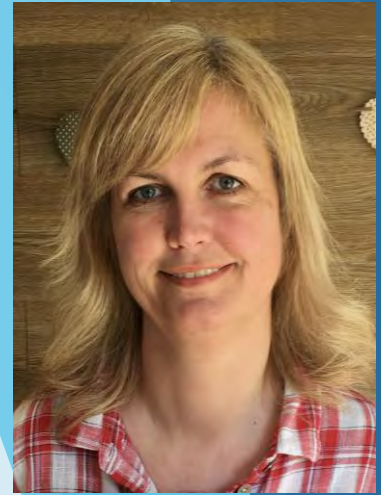
10:25 – 11:00 pm

The background features a complex, abstract design of overlapping, semi-transparent geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes create a sense of depth and movement, framing the central text. The overall aesthetic is clean, modern, and professional.

# Looking After and Caring for a Child with Hyperinsulinism (HI) in Primary School Part 1

# Introduction

- ▶ Firstly, I would like to introduce myself to you. My name is Nicky Holyland and I am Amelia's full time 1:1 support assistant, at Ancaster Church of England Primary School, near Grantham in Lincolnshire.
- ▶ I was honoured to have been asked by Amelia's mum Leanne, if I could put together a presentation about my experiences of working with a child with Hyperinsulinism (HI). I would have loved to have been able to attend in person, but unfortunately the conference is on the same weekend as my 30<sup>th</sup> Wedding anniversary.
- ▶ To start from the beginning, I was originally offered the role to work with Amelia because I had previously worked with children with varying needs, medically and educationally, in mainstream and special educational needs schools. I also had a child myself with complex health needs. I know and understand how difficult and demanding caring for a child with a medical condition can be and how important it is to find the right school. I feel privileged to be a part of Amelia's primary school journey and to see how she has grown and developed over the past few years.



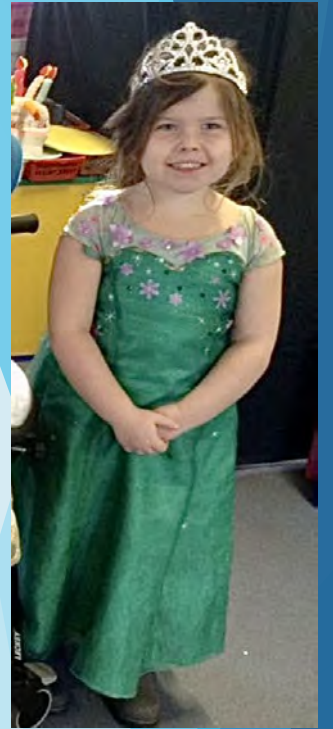
**Artists impression  
(AKA Amelia Clough)  
of her class teacher  
Mr Kidd and myself!**

Amelia is currently a year 5 pupil at our school, where she has attended full time since January 2018, starting in EYFS.



# In the Beginning

- ▶ Prior to starting full time, Amelia and her mum Leanne came along for some taster sessions in her new class. This time was invaluable to me as her new 1:1 as it gave me chance to meet with Leanne and gain a deeper understanding of Amelia's condition. I had a lot of experience of working with children with medical needs, but Hyperinsulinism (HI) was not a condition I had come across before. Being able to talk through routines, equipment, treatment plans and in general learn about HI from Leanne was a crucial starting point of my journey working with Amelia. This information was the foundation of creating a 'Care plan', also known as an Individual Care Protocol, which is an essential document we use daily.
- ▶ I was also able to attend an HI conference, which gave me the opportunity to talk with other teaching assistants, teachers, parents, carers and health professionals and gain valuable knowledge, information and a greater insight into HI.
- ▶ I had training which was provided by a specialist nurse who came into school. This was a mixture of theory and practical training. I did have previous experience of using a PEG (percutaneous endoscopic gastrostomy) feeding tube, but taking bloods and doing injections were completely new to me. In addition to the nurse, Amelia's mum Leanne has been extremely supportive in helping me when I have needed it. I did find administering the injection quite daunting at first, I was worried about hurting Amelia, but Leanne was really helpful and came into school at injection time for the first week to guide me through it.



Amelia aged 5  
in EYFS

# Care Plan

- ▶ Amelia has a very detailed care plan known as an ‘individual care protocol’ which was written by the SENDCo. This has developed and evolved over the years with regular changes and amendments being made when appropriate. This plan includes personal details, emergency phone numbers, medical professionals involved in Amelia’s care, a child profile and information taken off the EHCP (health education and care plan). The main part of this is a detailed plan of timings for blood glucose levels (BGL) checks and the medical protocol to follow, including emergency procedures, depending on BGLs at the time. As Amelia’s HI needs change we update the plan so that it is always current and up to date. After changes have been made the care plan is initially given to Amelia’s parents, Leanne and Alan, for them to read through, check the information is correct and sign they are in agreement with it. This is also read and signed by the class teacher, SENDCo and myself. Other adults responsible for Amelia, such as my lunch cover, are also informed of any changes.
- ▶ Whenever we leave the classroom for other activities, PE, lunch and for worship in the hall, I take the care plan and home/school communication book with me, along with a small basket of medical equipment and boluses.



Individual Care Protocol	
Amelia Clough	
Personal Details	
Date of birth	
Address	
Parents Names	Contact details
Class Teachers	SEND Co.
Professionals with responsibility for personal care	
Medical professionals	Contact details
Child Profile	
Amelia is a happy and mature fun girl who builds great relationships with adults and her peers. She has a good understanding of her medical needs, and these have always been explained and communicated to her by family. Although Amelia understands her medical needs, she is too young and asymptomatic to recognise changes to her blood sugar levels, especially as these can fluctuate quickly. Amelia always wants to impress and tries her best to complete all tasks within the classroom each day. She is academically meeting the expected stage for her age. Amelia is able to ask a lot of questions and makes good observations of her own.	
Child Medical Profile	
Amelia has a diagnosis of Diffuse Congenital Hyperinsulinism (more information on: <a href="https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/hyperinsulinism">https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/hyperinsulinism</a> ) This means that her blood levels can drop without warning and an immediate medical response is needed. Sometimes, Amelia can experience episodes of low blood sugar levels without demonstrating any symptoms, so staff and family working with Amelia, must always remain vigilant. Amelia	

attends school with a Blood Glucose monitoring machine, a Dexcom, so that her medical needs can be monitored throughout the day: her blood sugar levels should ideally remain above 3.5mmols, and below 8.00mmols. Amelia is given Octreotide at various points each day, these can vary. Octreotide is used to treat persistently low blood sugar levels (hypoglycaemia), this is caused by the production of too much insulin.

Amelia also has a Gastrostomy Tube, changed 1.2.23- changed from 9FR Freka to large Freka. (Always clamp tube at the end) more information on: <https://www.gosh.nhs.uk/medical-information/procedures-and-treatments/living-gastrostomy-feeding-device>

Trained staff are able to give gastrostomy feeds as per the regime given by the dietician/ parents. Any falls or trips should be monitored in case this has caused damage to her PEG.

Weather, temperature (especially cold conditions) and illnesses (such as the common cold) can affect Amelia's blood levels and staff should consider how these external factors will have an impact on her day. Likewise, exercise, physical activities and mentally stimulating tasks (such as running, sports and learning) can also change the blood levels. Blood sugar level readings can be "false" if her hands are too cold or not properly cleaned, additional it is difficult to obtain a blood sample when her hands are cold.

**Amelia's Views**

**Parents To fill in with Amelia – Please adapt as required.**

"I like coming to school"

"I think this is the best school in the world"

"I like to play on the bars/monkey bars with E "

"I love extended writing and science"

"Eva is my best friend"

**Parental Aspirations**

Short Term	Long Term
<p><b>Parents – please can you populate this section with your aspirations – I've put in some examples, but feel free to delete/ add and edit.</b></p> <ul style="list-style-type: none"> <li>Amelia has immediate access to an appropriately trained adult</li> <li>Hygiene remains a priority during blood sugar level testing</li> <li>Amelia's medical needs have minimum impact on her educational progress</li> <li>Amelia remains confident about her needs in front of her peers</li> <li>Have as much integration during PE as she can (lunch/ snack dependent)</li> </ul>	<p><b>Parents – please can you populate this section with your aspirations – I've put in some examples, but feel free to delete/ add and edit.</b></p> <ul style="list-style-type: none"> <li>Amelia achieves to her potential academically in school.</li> <li>Amelia remain as physically active as possible to ensure good health.</li> <li>That Amelia will continue to be treated with dignity and self- respect throughout her schooling.</li> <li>Amelia continues to have a great relationship with staff</li> <li>Amelia continues to have trust and understanding in her 1:1 and understands why at times she is different (e.g. lunch/ sport)</li> </ul>

	<ul style="list-style-type: none"> <li>Amelia continues to attend trips with support</li> <li>Amelia to always feel she is the same as her peers and isn't defined by HI – whilst her HI is managed, I hope her peers will be as understanding as they are now.</li> </ul>
Summary of skills, strengths, needs & support	
Development & Learning	Amelia is a happy child who has responded well to the transition of starting school, her particular strengths are within communication and language activities, and her Knowledge of the World, where she is always keen to share ideas and opinions. She is working at the expected levels across the curriculum & is a real 'all-rounder'.
Emotional Wellbeing	Amelia is extremely confident to talk to adults and enjoys the company of staff – she is wise beyond her years! She gets on well with other children and has made lots of friends. Amelia is keen to support others and demonstrates her caring nature, especially if she notices someone is struggling or upset.
Physical Health	Amelia's physical health is monitored by her 1:1 TA Mrs Holyland, as well as Class Teachers and Teaching assistants throughout the year 5 team. Amelia can talk about her medical and health needs but does not yet recognise drops or highs in her blood levels.
Family Environment	Amelia comes from a secure, loving and happy family who are very supportive of her medical and academic development. They live locally in G . Amelia's Mum, Leanne, is available (via phone) to advise us on care and deal with any significant problems that may occur during the day. Amelia's Dad, Alan, is a serving member of the Armed Forces and is equally as eager to support the school and ensure consistency and inclusion of all school activities. Daily hand overs occur between 1:1 and parents, morning and after school.
Current support arrangements	
Mrs Holyland (1:1 TA) has been specifically employed to meet the care needs of Amelia. Mrs Holyland has previous experience of working in SEND environments, and is able to calmly and safely deal with any changes to Amelia's medical needs, in accordance with the agreed protocols. She has been trained by the school nurse, Julie Smith. In addition, to the daily support that Mrs Holyland provides, both school and parents recognise the need to have relief cover in place, should there be any periods of time that	

Mrs Holyland is not in school. As such the following staff also play important roles in caring for Amelia:

- Mrs Phillis — 12.00-12.30pm Lunch relief for Mrs Holyland.
- Mrs Phillis – Relief cover for staff absence. Should Mrs Holyland be off-work or in training, Mrs Phillis has received nurse training, specifically for Amelia's care. She also has built a positive relationship with Amelia and is able to recognise the signs of blood sugar level changes. Mrs Dickinson has also received training to take BM's, use the PEG and administer injections.
- Year five Class teacher Mr Kidd as well as Mrs H Dickinson, another 1:1 for another child, all work with Mrs Holyland.

The methods and procedures utilised by the above staff are detailed below in the Provision/ Daily Routine section.

**Provision - Daily Routine**

**TA Responsibilities:**  
Be aware of the danger signs  
Follow the agreed time table, but also act according to trends and give extra boluses if needed.  
Contact parents  
Administrate medicine etc and take blood sugar levels  
Communicate worries or concerns to relevant staff and parents

**Danger sign:**  
Becoming pale  
Sweating – noticeable in hairline  
Agitation – crying, grunting or grizzly  
Behaviour changes – might appear "unfriendly", "stubborn" or "distracted"  
Loss of consciousness  
Thirsty – asks for drink, bag or is tired

**Care Challenges:**  
Amelia does not yet recognise the changes happening to her own body. It is important that those caring for Amelia, know her personality and what her "normal" behaviour looks like, in order to recognise any changes.

**Approximate timings:**  
Flexible as any signs of low/ high blood sugar will need to be monitored immediately. Mum should be contacted at any point in the day to clarify and ensure correct procedures followed. Mum is happy for this to happen in order to keep Amelia safe.

8:45 – Parent/ 1:1 handover

Amelia is to be encouraged to do her own BGL checks

# Amelia's Individual Care Protocol

- 10.45 – BGL check – cereal bar (equivalent to Alpen light, low calorie)
- If 3.5 or below, treat as a hypo, then retest after 10 mins **before snack** (see actions to be taken section) **Ring mum to advise**
  - If BGL is between 3.5-3.8, **Ring mum for advice for Bolus amount**
  - If reading above 3.8, Amelia can have a snack. **May also need Bolus so ring mum for advice**
  - If over 8, watch the Dexcom until under 8.

- 12.25– BGL check before lunch if Dexcom is showing below 4.5. **Depending how low Amelia is she may need a Bolus – ring mum for advice**
- If 3.5 or below, treat as a hypo, then retest after 10 mins **before lunch** (see actions to be taken section) **Ring mum to advise**
  - If BGL is between 3.5 – 6.0, give lunch.
  - If BGL is between 6.1 -7.0, leave for 10mins, then retest again before eating lunch
  - If BGL above 7.0, leave for 10 mins, then retest. (The Dexcom is a good guide)
  - Always encourage Amelia to eat all her packed lunch. Amelia does have school dinners and will eat most of them, although she may leave bits she doesn't like which is ok. If unsure contact mum.
  - If she does not eat enough lunch, phone Mum as she will need SOS (10% Glucose) 40 ml.
  - If Amelia does not eat any lunch, phone Mum as she will need SOS (10% Glucose) 40 ml.

### 13.45 - Injection

- 14.45 – BGL check and cereal bar
- If 3.5 or below, treat as a hypo, then retest after 10 mins **before cereal bar** see actions to be taken section) **Ring mum to advise**
  - If BGL is between 3.5-3.8, give her the cereal bar. **Ring mum to advise as may need a Bolus.**
  - If reading 3.9 – 7.0, Amelia can have her snack.
  - If over 7.1 or above, phone Mum to get advice based upon day/ activities (e.g. will Amelia be running around). Retest as appropriate dependent on level (how high above ??)

The aim is to try to prevent Amelia needing Glucojuice and preventing a hypo, by having a **Bolus** and flush through her PEG. If her Dexcom is showing a downward trend, monitor carefully, especially if falling below 5.0 and ideally before it reaches 4.5, so we can contact mum for advice of **Bolus** amount needed. This can vary from 10ml to 30ml depending on how near she is to lunch/snack and how quickly she is falling and how low she is.

Amelia may need to have her Octreotide injection at some point during the day. Make sure Dexcom reading is under 10. The dose can vary depending on what has been advised by mum and dad. Two members of staff are required to check the dose and the 'Record of Administered' sheet needs to be completed and signed by both Mrs Holyland and a second person, which will usually be Mrs Dickinson. The vials of Octreotide need to be kept in the fridge and either made up 30 minutes before the injection or left out in the vial, this depends on the method being used, and left at room temperature. Ensure there is no air left in the syringe. Used syringe to be put in sharps bin.

15.30– Parent/ 1:1 handover. Ensure Home School diary is sent home.

- **If Amelia has PE/games**, especially if it is physical, do an extra BGL check. If low ring mum to check if she needs an extra snack.
- **If Amelia complains of headache and/or tummy ache or a general feeling of unwell** check her BGL and temperature. Any worries regarding her temperature ring mum, especially if

it is 37.5 or above. If Amelia complains that her PEG hurts, check the site and ring mum if concerned, especially if this looks weepy, very red or inflamed.

- **The Dexcom cannot get cold as it doesn't work properly, therefore Amelia needs to keep her arms warm. She can only take her cardigan off inside or outside if it is warm.**

- **Boluses** – based on the trends of the Dexcom, indicating a hypo, extra boluses may be needed throughout the day. **(Re-check capillary bloods)**

**IMPORTANT \* If trending on a steady down or rapid down below 4.5 - give bolus.**

Normal bolus amount is 10ml – ring mum to advise and get advice re amount of bolus–this is to be given through Amelia's PEG and with a 5ml flush afterwards – DO NOT GIVE BOLUS ORALLY

**Bolus = Maxijul or SOS 10% Glucose**

Directions for making up Bolus – **emergency only**

- Powder in bottle first
- Boiled water up to 200ml

**SOS 20 20% Glucose – needed in case of vomit/diarrhoea.**

**To make up quickly and to use straight away, dissolve with boiling water and top up with cold water – 40ml Bolus if vomited or diarrhoea**

\*200ml of 10% Bolus already made up will be sent in each day with a syringe.

### Actions to be taken:

If blood sugar is low (hypo):

- Below 2.2 or unconscious – **IF UNCONSCIOUS GIVE FULL, 60ml, BOTTLE OF GLUCOJUICE VIA PEG**

- **\*If Unconscious DO NOT give GLUCOGEL**

- o **If conscious give full bottle, 60ml, of Glucojuice – THROUGH PEG, 5ML FLUSH**
- o Call 999.
- o Call Parents.

- Between 2.3 – 2.9

- o **Give full bottle, 60ml, of Glucojuice – THROUGH PEG, 5ML FLUSH**
- o Ring parents
- o Re-check BGL after 10mins
- o If BGL remains below 3.5 ring parents again

- Between 3.0 – 3.4

- o **Give half a bottle, 30ml, of Glucojuice – THROUGH PEG, 5ML FLUSH**
- o Ring parents
- o Re-check after 10mins
- o If BGL remains below 3.5 ring parents again

If blood sugar is high:

- Pre-feed and then keep a close eye on blood sugars and give food once the blood sugar has dropped down to within normal limits.

**Provision – Agreed Arrangements outside normal class timetable.**

- Trips - Parents will be consulted at the initial planning stage of trip organisation to allow for assessment of trip suitability. Where appropriate, parents will be invited on trips with longer journey times.
- Clubs and PTFA events – Amelia is welcome to attend extra-curricular activities, but parents will need to join these in order to support activities outside of Mrs Holyland's working hours.
- Mrs Holyland takes responsibility for monitoring stock levels of medical equipment and cereal bars. Parents are given advanced warning when stocks need to be replenished. Dates are checked on all consumable items.
- If Amelia needs to be seen by an ambulance crew, a copy of the emergency action plan/ care plan must be given to them immediately.
- Mrs Holyland always keeps the Care Plan with her. This is updated to reflect changes to Amelia's care needs.
- It MUST be noted that Amelia's condition is sporadic and therefore communication between home and school is vital.
- Spare BGL strips and machine/ battery are kept in Amelia's medical box.

### Arrangements for Review

Amelia's medical protocols will be reviewed....

Discussed with Mrs Clough. Meeting will take place at the EHCP cycle point.  
Ongoing discussions when needed (daily handover)

### Agreement of the protocol

Parents		Date:	
Class Teachers		Date:	
Care Providers		Date:	
SENDCo		Date:	



# EHCP – Education Health and Care Plan

- ▶ Amelia has an Education Health and Care Plan (EHCP) which is reviewed and updated every 11 months. Information from this is used to form part of Amelia's personal care plan.
- ▶ Meetings are arranged by Mrs Tomlinson, the school SENDCo, who has many years of experience in this role. We are a very inclusive school and Mrs Tomlinson has accumulated a good understanding of HI, especially as she was Amelia's class teacher in year 1.
- ▶ The child and their parents are central to the process and the school always consults them.
- ▶ Meetings are 11 monthly and take place in school or on TEAMS with parents attending along with the child, teacher, support staff and outside agencies if applicable.
- ▶ The SENDCo coordinates the paperwork and invites all relevant professionals to contribute to the EHCP review, either by report or by attending in person or virtually.
- ▶ Parents can call a review at any time within the 11 months.
- ▶ Any changes to medical needs and pupil progress can be used to amend the recommendations and to change the outcomes in the EHCP.
- ▶ All children with an EHCP should have a SEN caseworker who coordinates care.

# Record Keeping

- ▶ It is important to keep accurate and detailed records of manual BGL checks, Dexcom readings and interventions for several reasons:
- ▶ For yourself as the 1:1 support for your own record. You may want to refer back to these at a later stage, for example in EHCP reviews.
- ▶ To show any other support staff, such as lunch time cover, enabling them to see how the child has been prior to them taking over care of the child.
- ▶ For the parents/carers to see at the end of the day. They can see exactly what kind of day their child has had with regards to BGLs and interventions.
- ▶ To show health professionals on hospital visits.
- ▶ I use a home/school communication book where I keep a daily record of BGLs, Dexcom readings, interventions such as boluses, snacks, lunch and injection time and dosage. This book goes home with Amelia at the end of each day.
- ▶ I keep a separate record for her injections, which is completed by myself and countersigned by another adult who checks the dosage of Octreotide.



# Setting Timings for BGL Checks

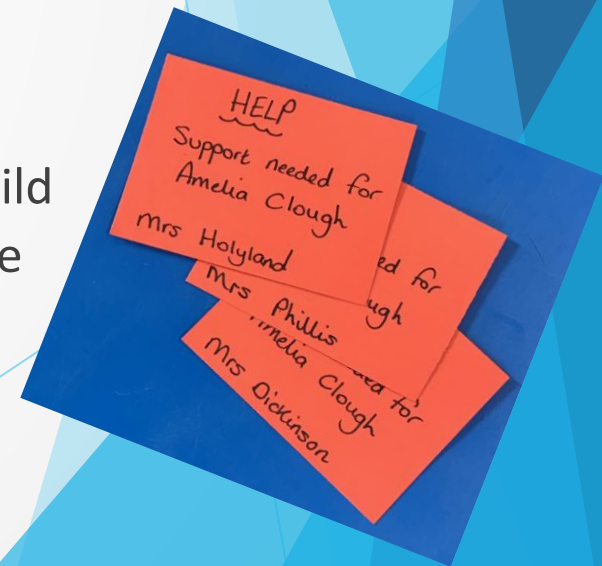


Something which I have found extremely useful and have always done from the beginning, is to set alarms on my phone for the daily BGL checks and injections. I even have an alarm set for the time that I need to take the Octreotide out of the fridge!

If you need to do a manual BGL test, especially after giving a bolus or Glucojuice to check that blood glucose levels are rising, this ensures that you won't forget. I always have my phone with me, either on the table or in my bumbag, so I never miss hearing the alarm when it goes off.

# Emergency Protocol

- ▶ Should we need to call the emergency services for an ambulance, I have a script and prompt sheet which I can use to read. This is typed out and laminated and carried with me along with Amelia's care plan which I keep together in a folder. This script includes our school address, phone number, details of Amelia's health condition (HI) and personal information such as her DOB and national health number. I know from previous experience that should it reach the point that you need to call an ambulance, it is extremely useful to have this information to hand directly in front of you.
- ▶ I keep an extra copy of Amelia's care plan with me so that I can pass this on to the emergency services should they need it.
- ▶ I also have made some 'emergency help cards'. Should I find myself in a situation where I need help from another member of staff, I can give this card to another child and ask them to take it to the next classroom. This ensures that you don't leave the child you are looking after with HI alone. These are kept with me at all times.



In the beginning, it took me several months to completely understand HI and how this affected Amelia. No two days were the same, they still aren't! During EYFS, Year 1 and most of Year 2, I relied on intuition, looking out for subtle signs of a hypo and lots of finger prick testing. At that time we didn't have a Dexcom to help identify potential hypoglycaemia (hypo's).

It was during year 2 that Amelia had a 3 week trial with a Dexcom. This completely changed things and for the first time we were able to see her BGL and spot trends, if her BGLs were falling/rising and how quickly. One major positive of this was that it reduced the amount of finger prick tests we needed to do. Unfortunately, the Dexcom trial was only for a few weeks, but it was so successful that we wrote a letter to the hospital supporting Amelia having a Dexcom full time.

# Dexcom

I cannot express the changes we saw within Amelia and the impact it had on her daily routine within school. Amelia has been able to be more independent within the classroom and to work more freely with the class teacher and other children.

Having a Dexcom has had an impact on Amelia educationally, socially and emotionally. At the beginning we instantly saw her have this newfound independence, we also saw a more confident and care-free girl, which I believe she has the entitlement to be every day.

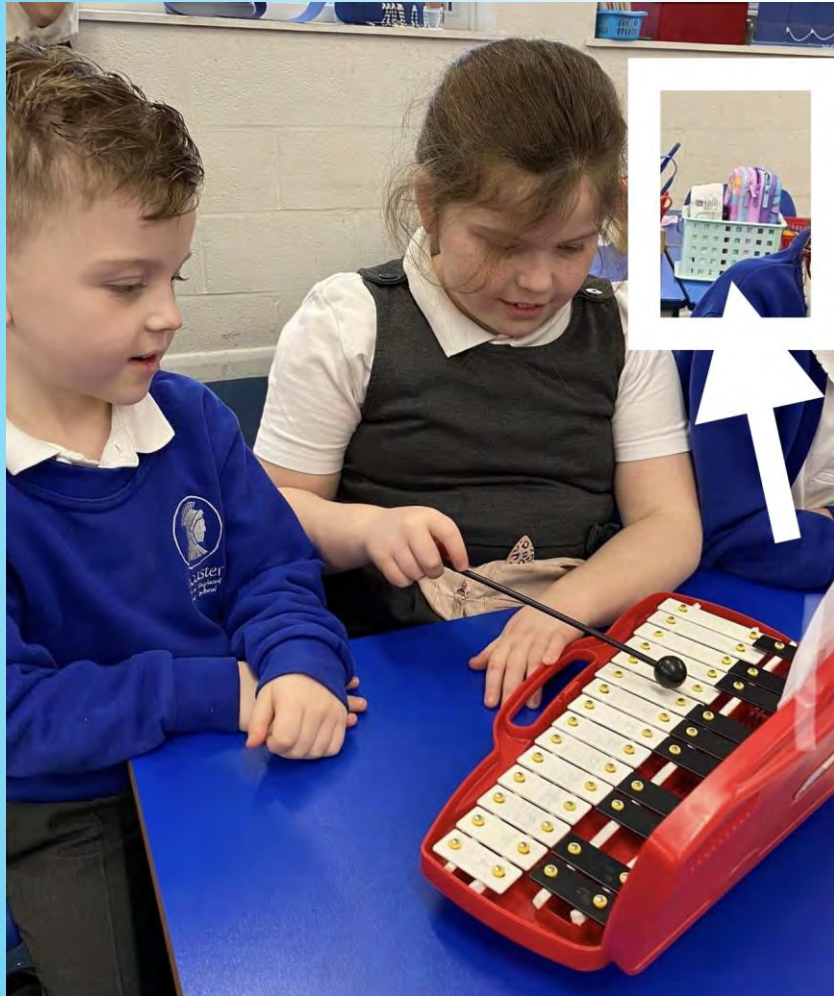


- ▶ We also noticed an impact with taking part in PE lessons. Amelia was able to stay outside longer, alleviating the need to go inside to have her BGLs checked manually. The Dexcom enabled me to track her BGLs and have the confidence to know that she was fine to fully take part in the lessons.
- ▶ Exercise and the temperature outside does have an impact on her blood glucose levels so being able to monitor this with the Dexcom has been another positive.
- ▶ If the Dexcom is showing Amelia is stable, it allows her more flexibility and independence, which is especially important now as she will be moving to secondary school next year. In the early days, before she had a Dexcom, I would accompany her to the toilet. I would wait outside but would keep checking that she was ok. The Dexcom allows me to know that she is perfectly safe to go by herself, something which is extremely important to a 10 year old! As long as she is stable and I'm happy with the numbers, Amelia has the freedom to go to the office with a message or pop out of class to change her reading book without the need for me to go with her. Allowing her this independence has proved greatly beneficial and positive for her self-esteem.

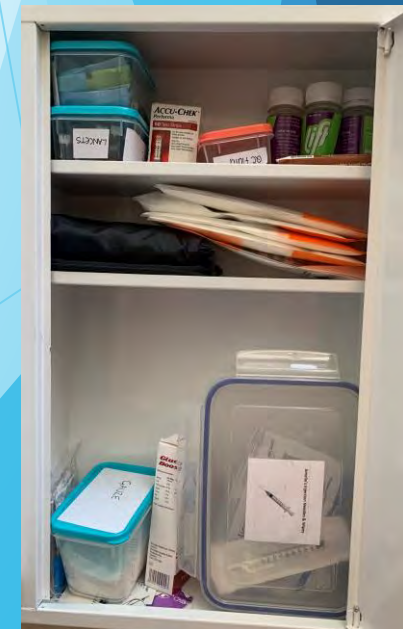
- ▶ The alert feature has helped with pre-empting and preventing hypo's by taking the appropriate action, avoiding on numerous occasions a hypo and the need to take Glucojuice.
- ▶ I usually leave the Dexcom monitor on Amelia's table. There are several reasons for this: I know exactly where it is, it doesn't lose signal (which can happen if it's too far away or barriers are obstructing it) and it encourages Amelia to check and monitor the readings. I have also found it extremely useful to keep track of falling BGLs and to see trends by writing down the reading, time and arrow position. By monitoring this you can see more clearly how quickly BGLs are falling and enabling you to pre-empt what is likely to happen and whether you need to take a manual finger prick test to obtain a more accurate reading and what preventative or emergency treatment you need to take.
- ▶ The Dexcom does have its flaws and if Amelia's BGLs are falling quickly, which they often do, we still need to take manual checks as it loses its accuracy as it cannot keep up with her fluctuating levels. It occasionally can lose its signal too but luckily this is a rare occurrence.
- ▶ To summarise, the positives far away out way the negatives and I cannot imagine not having it now.



# Medical Supplies and Equipment



- ▶ Medical supplies and equipment such as Glucojuice, injection needles, test strips, lancing devices and lancets are stored in a locked medical cabinet attached to the wall in the classroom.
- ▶ Injections needles and lancets are put in a sharps bin after use. This bin is locked in a cabinet in our medical room.
- ▶ We have a box supplied by Amelia's parents containing spare snacks, gauze, finger wipes, syringes and spare bottles to make up boluses.
- ▶ I regularly check the stock and dates of these supplies and when they are getting low or about to be out of date, I ask Amelia's mum or dad for some more ensuring that we never run out.
- ▶ To aid with moving around the school and at lunch times, I have a small basket container with a handle useful for carrying around the bolus and flush bottles, syringes and test kit.





Portable basket  
containing testing kit and  
intervention medication

I also always wear a bum bag containing an emergency Glucojuice and syringe, a phone programmed with contact numbers and alert cards should I need help by another member of staff in an emergency. You need to ensure that you always have quick access to be able to test and respond with the appropriate treatment. By having this with you at all times ensures that this can happen effectively.

Amelia wears a handbag (she has quite a collection of these) or occasionally a bum bag, that contains her phone which connects to her Dexcom. This enables the readings to be seen by her parents during the school day, provided that the signal is ok.

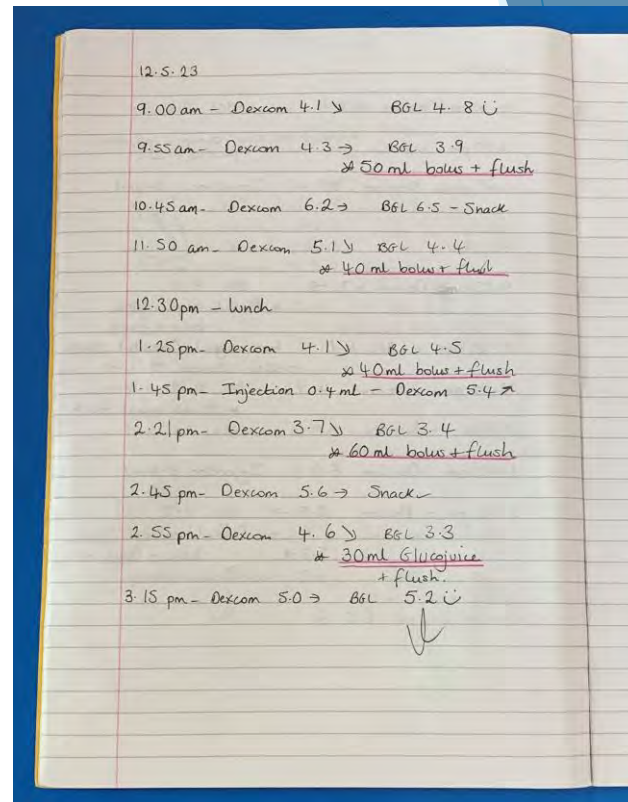
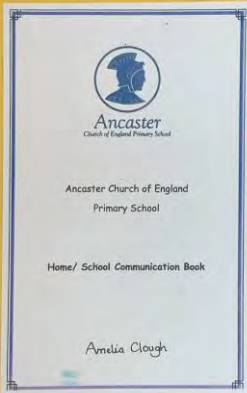


Her handbag was also useful for clipping on 'Wow' achievements too!

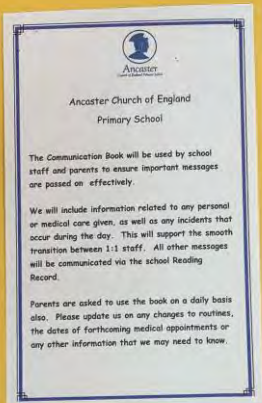
## Parent Liaison and Communication

- ▶ Having an open form of communication with Amelia's parents is the single most important thing that happens daily and working together is vital in keeping Amelia safe whilst in school. Each morning Leanne or Alan will give me verbal feedback of how Amelia has been during the night and the morning before school. This information is crucial in giving me a picture of how she may be during the day with me.
- ▶ Although we have a detailed care plan, due to Amelia's fluctuating BGLs and unpredictability, I often contact Leanne by phone throughout the day to confirm bolus amounts. This is where working together with parents is so important. You need to build a good relationship, have open communication and gaining their trust is paramount.

# Home/School Communication Book



We have a home/school diary which I write in daily which goes home with Amelia at the end of the day. I write in the timings of BGL checks, Dexcom and manual finger prick test readings and action taken, such as snack, bolus or Glucojuice as well as snacks and injection timings and dosage. This diary is important as it enables Amelia's parents to see how she has been during the school day. It is also a useful tool for hospital appointments, enabling medical professionals to see how Amelia is during school, which often differs to what she would be like at home. We have noticed that stretching her cognitive capacities affects her BGLs.



# Staff Continuity

- ▶ I am very lucky to have been Amelia's 1:1 since she has been at our school. This has proved a positive element as we have been able to provide continuity for her. After over 5 years I know Amelia very well and can often spot subtle changes in her behaviour which may indicate her BGL is falling. At times when she is falling quickly and the Dexcom is not so accurate, this is often how I identify that a manual finger prick test is needed. We have managed to prevent numerous hypo's and I believe that having this continuity has been a major factor in this success.
- ▶ Amelia has also had the same 1:1 lunch cover since Year 1, which again has proved vital in providing continuity. As well as myself and Mrs Phillis (lunch cover) we also have another member of staff who can work with Amelia if I am not in school. This member of staff, Mrs Dickinson, works in our classroom and is fully trained to look after Amelia. She has a good understanding of a child with HI and is confident in supporting her.
- ▶ We have found this continuity of provision beneficial in providing the most effective and safest care for Amelia. Along with these members of staff the class teacher, Mr Kidd, has a really good understanding of HI. It also helps that he was Amelia's class teacher for the majority of year 4.

- ▶ When Amelia started in EYFS she needed to eat her lunch at 11.30am. Unfortunately, she was unable to go into the lunch hall and eat her lunch with her peers at 12 o'clock. I set up a little table in the classroom where she could eat her packed lunch and still be part of the learning going on around her. Although she was aware that she needed to eat all her lunch, in the early days she needed encouragement to finish it all. I made her a sticker chart and we used to have competitions to guess how many crisps she had in her packet. Somehow, I never seemed to win! We also made a placemat together which Amelia decorated to help make having lunch in class a little more special.
- ▶ Despite many trials and changes to her snack timings during year 1 and 2 we initially couldn't get to where Amelia could eat lunch at the same time as her peers. It was one of our aims to enable Amelia to be with her friends in the lunch hall and working with Leanne, we finally achieved this in year 3 and Amelia could eat her packed lunch with her friends in the lunch hall.

# School Lunch Times

▶ Another milestone was changing from packed lunch to school dinners which happened at the beginning of year 5, and overall has been very successful. To achieve this, we began in year 4 with Amelia bringing in hot food from home, such as hot dog sausages or soup. These lunches were mixed in with packed lunches on some days, but we were able to see how her BGLs would manage this change of food and plan snacks accordingly.



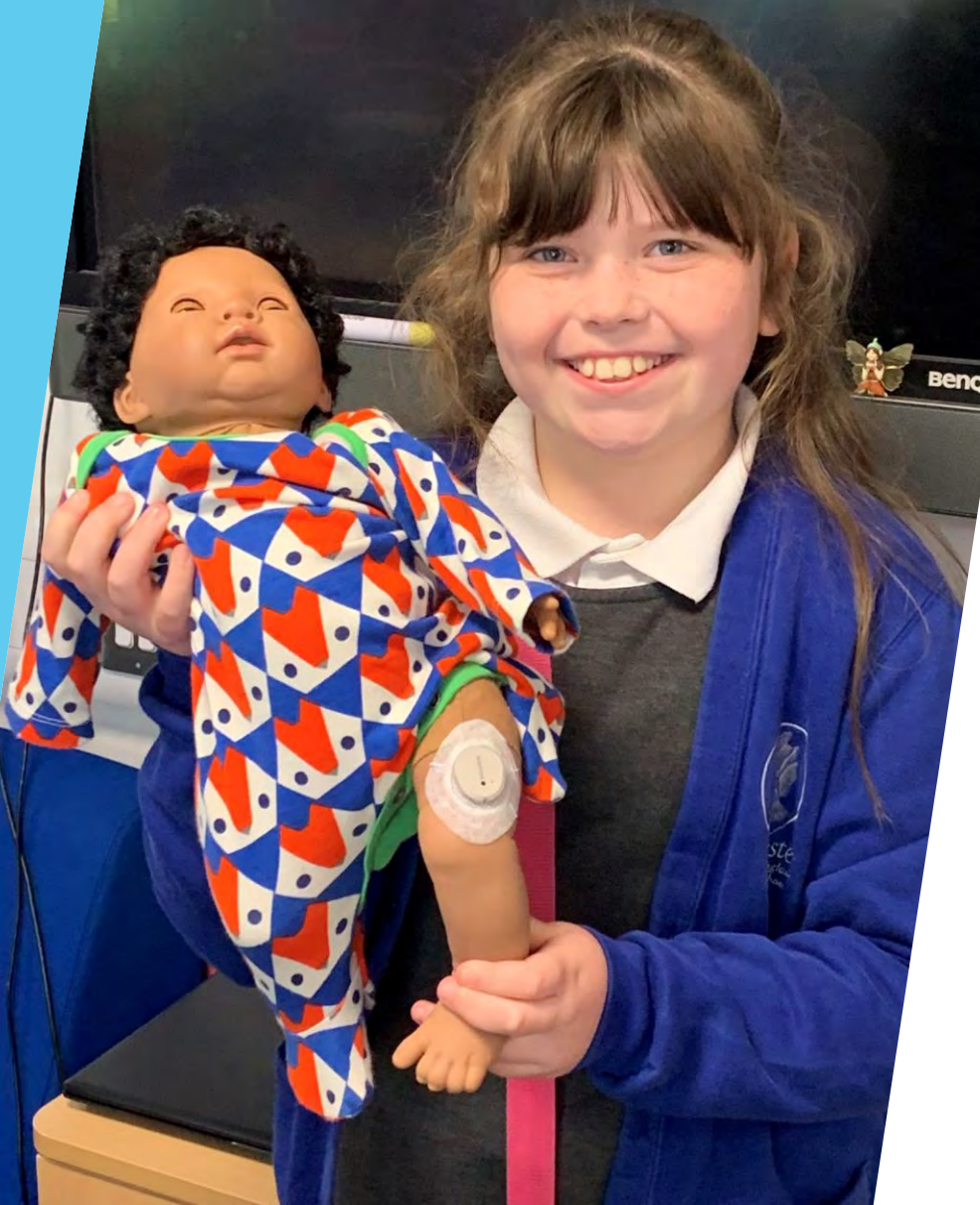


# Enjoying Christmas Dinner!



It is so lovely now to see Amelia sitting in the lunch hall, eating and chatting with her friends, something which I had doubts we could achieve.

# School Friends and Peers



- ▶ Amelia has always been very open with other children about having HI. She has never shied away from questions her peers may ask her and being the extremely mature child she is, she is always happy to explain things to them.
- ▶ Something which I found to be extremely beneficial was when Amelia did a talk to the class whilst in year 1. She brought in her doll (which had a feeding bag and tube) and some photos of her in hospital as a baby. She explained to the other children about her own PEG, her condition of HI and how this affected her and the treatment and medical interventions she needed. This took 'show and tell' to a new level!
- ▶ The children in her class were used to seeing her have regular finger prick checks but this helped them to understand why she was having them. This helped the children to understand more about her condition and become more aware of her needs, especially when having a hypo and subsequently her behaviour could change.
- ▶ I would add that our current year 5 class are so supportive and accepting of Amelia's HI, as the majority of them have known her since the age of 5. If her Dexcom is beeping away they are quick to point it out but are not fazed by it.