Supporting Students with Type 1 Diabetes
Tips for Teachers & School Staff

As health care professionals, we recognize that having a child with diabetes in your classroom and school can be challenging for teachers and school staff. We want to assure you that once you are comfortable with the guidelines listed below, you will be able to support any student who has diabetes; this in turn will help the student feel secure at school.

Basic Principles

- The child is a student, who happens to have Type 1 Diabetes.
- The student’s parents have participated in a detailed education program about diabetes and the family is seen in clinic on a regular basis. Parents need to be recognized as the experts in the student’s diabetic management.
- Children with diabetes are taught healthy eating using Canada’s Food Guide. Occasionally, like any other child, snacks such as cookies, chips etc. are permitted
- Parents make all choices regarding lunches and snacks; there is no need to question the parents’ decision in this regard.
- Never withhold/delay lunch or snack time. The student must be given enough time to eat their food at the scheduled time. The parent will discuss with the teacher the time for snacks and lunch.
- When a child has a high blood sugar reading, the child should never be told to go and exercise (run) to lower the blood sugar.
- A student should always have access to drinking water and bathroom privileges.
- If the student is feeling unwell or he/she vomits, the parents should be contacted to take the student home as extra monitoring by the parent is needed at this time.

Equipment

- Ideally, the glucose meter will stay with the child.
- In the event this cannot occur, the glucose meter is to be kept as close as possible to the child and his/her classroom. The meter must come to the child in the event of hypoglycemia (i.e. the child should never be expected to travel up/down stairs to an office where the glucose meter is stored). Daily scheduled monitoring may be performed in the designated area.
- The emergency kit is to be supplied and replenished as often as needed by the parents. This kit will include testing supplies, injectable insulin, pump supplies if applicable, snacks and fast acting sugar supplies.
- The sharps container at the school is provided by the parents. Parents are responsible for the disposal of the sharps container.
Communication

- The parents will share their child’s treatment plan for school through the use of the *Kids with Diabetes Information Card and the Hypoglycemia Emergency Action Plan*. Both documents will be reviewed with the teacher, principal and other school staff.
- The parents will give a copy of the Kids with Diabetes Information Card and the Hypoglycemia Emergency Action Plan to the school principal for distribution in the school.
- The *Kids with Diabetes Information Card and the Hypoglycemia Emergency Action Plan* will be kept in 3 places: with the teacher in the classroom, in the staff room or the office and with the Principal.
- Parents should be advised of any days involving extra activity or extra food so that they have the chance to plan and advise the school staff of how to manage these occasions; this will ensure the student does not feel left out.
- Discuss with parents how they would like to be notified about any low or high blood sugar episodes that occur at school.

Low Blood Sugar (Hypoglycemia) – SEE HYPOGLYCEMIA EMERGENCY ACTION PLAN

- This will occur; it does not mean that someone has done something wrong.
- Key: **NEVER LEAVE THE CHILD UNATTENDED IF HE/SHE HAS A LOW BLOOD SUGAR.**
- Symptoms: shaky, pale, irritable, hungry, tired, nervous, can progress to “drunken-like” behaviour e.g. slurred speech, staggering gait and confusion.
- Teachers and other responsible adults need to be comfortable with recognizing low blood sugar symptoms and appropriate treatment.
- If the responsible adult thinks the student may be experiencing a low blood sugar then he or she can never go wrong by treating it.
- **Treatment:**
  - Give the student something sweet to eat or drink. Regular pop (not diet) or juice works well; 4-6 ounces is usually enough.
  - Ask the student’s parents to provide this. Be sure to let parents know if you have given the student juice to treat a low.
  - It is then up to the parents to make the necessary adjustments in the insulin dose to try to prevent future low blood sugar episodes. *Low blood sugars can’t always be prevented but you can minimize the frequency by ensuring the student eats snacks and lunch on time and eats a snack prior to any unplanned physical activity.*

Emergency Treatment – SEE HYPOGLYCEMIA ACTION PLAN

In the unlikely event that a student becomes unconsciousness and/or experiences a seizure:

- place the student on his/her side
- stay with the student
- designate someone to call 911 and then call the parents

- The paramedics or hospital staff will inject the student with sugar or a medicine that raises the blood sugar level and the student will recover completely.
- It is important how we respond to the student at the time of the significant event and equally important how school staff and students respond to the child during the days following the significant event.
- The student’s diabetes educator would like to be contacted as soon as possible, to support school staff and fellow students who have with witnessed and responded to a child who needed emergency attention as a result of a low blood sugar.
High Blood Sugar
• Is not an emergency, but parents should be advised if you note these symptoms.
• Symptoms: excessive thirst and frequent urination.
• The student will not go into a coma from a high blood sugar.

Additional Information/Support
• The student’s Diabetes Educator and/or local supports:
  ➢ OSMH: 705-325-2201 x3790 Whitney Gowanlock (WLGowanlock@osmh.on.ca)
  ➢ RVH: 705-797-2395 Erin Thompson (ThompsonE@rvh.on.ca)
• General Websites:
  ➢ www.diabetes.ca (see Guidelines for the Care of Students Living with Diabetes at School)
  ➢ www.jdrf.ca
  ➢ www.idf.org