For the school: Information on childhood diabetes

You have a child in your class who has type 1 diabetes. The following information is intended to help you understand what this means and how you might be supportive. For those of you who have had a child with diabetes previously in your classroom, please use this information to update yourself.

Background:
Children with diabetes should always wear a medical ID bracelet/necklace that identifies them as having diabetes. Most children with diabetes require 2-5 insulin injections daily and at least 4 blood sugar checks daily. They need to eat 3 meals and 2-3 snacks a day with specific amounts of carbohydrate at specific times. Morning snack is generally eaten just before recess (in the class rather than in the school yard). Afternoon snack is generally done just before afternoon recess, at home after school or both. Meals and snacks are based on carbohydrate targets rather than sugar content.

Most children/youth want to be included in all school events with little extra attention placed upon them being “different” When the child/youth does not want to be treated differently, the fact that there is diabetes should not be hidden. Some children prefer privacy when needing to check their blood sugars. Others are very open about it. Most children will check their blood sugar right at their desk or in the classroom when their classmates understand the need for checking.

Educating other classmates about diabetes can:
- Prevent myths and misinformation
- Prevent other children from excluding or teasing the child with diabetes
- Create a safety network of caring peer support
- Encourage a child to follow their diabetes care routines
- Help a child develop self-esteem and acceptance of diabetes.
**Food in school:**
The child’s food is carefully timed and measured to support the blood sugar control. It is the parent’s responsibility to provide all snacks & lunch that meet the child’s carb targets and nutritional needs. For smaller children, the meal or snacks may be pre-bagged & labeled with correct times. Parents will also provide juice or glucose tablets for low blood sugars and check to prevent supplies from running low.
Smaller children may prefer to eat the snacks just prior to recess so they can be free to play. This also may ensure that the snack is completely eaten prior to leaving the classroom.

Parties and special events may be challenging for a child with diabetes. The child may be able to participate better if:
- You notify parents ahead of time about the party time and types of foods – parents may allow some of the party food or provide an alternative for their child
- You use non-food rewards for student achievements

**Activity in school:**
Children with diabetes should participate in all kinds of activities. However, the child may require a small amount of fast-acting carbohydrate prior to the activity. Parents will notify you about what is required and will provide the supplies (usually juice). This can assist in preventing low blood sugar because of strenuous activity.

**Emergency situations for a child with diabetes:**
1. Any situation which means there is inadequate food or insulin. This could be something as simple as forgetting their lunch.
2. Low blood sugar. Low blood sugar can occur because of too much insulin, delayed or missed meals or snack, or more activity than usual without extra carbohydrate food. This can develop within minutes of the child appearing fine. Low blood sugar occurs when the blood sugar is less than 4.0 mmol/l on the meter.

Most children older than 6 or 7 years of age can recognize their own low blood sugar symptoms and treat the situation reliably themselves. It is possible that some children will not recognize the symptoms and you will need to assist them to treat.

**Common symptoms of low blood sugar:**
- Shakiness, or lack of coordination
- Pallor (paleness)
- Cold, clammy or sweaty skin
- Irritability, poor behavior, tearfulness
- Staggering gait
- Fatigue
- Confusion
- Eventual unconsciousness and possible seizure (a late symptom, if early above symptoms are not noticed and not treated)

**Treatment of low blood sugar:**
The child should immediately check the blood sugar and treat with one of the fast-acting carbohydrate choices listed below. The child may need assistance to check the blood sugar and may need to be supervised to take the treatment completely.
One of the following should be taken at the first sign of low blood sugar:

- 125 ml fruit juice (1 Junior juicebox or ½ regular juicebox)
- 125 ml regular pop (Not diet!)
- 2 hard candies, chewed quickly
- 2-3 glucose tablets
- Any other form of fast acting sugar (honey, jellybeans, skittles)—10 gm carbohydrate

Recheck the blood sugar if symptoms have not been corrected. If again the blood sugar is <4 on the meter, repeat the same treatment.

Never leave the child with diabetes alone in a low blood sugar situation. If for some reason the child does not have some form of treatment with them (in a fannypack, backpack) send someone else to get the fast-acting sugar. Do not leave the child alone!

If the child is unconscious or having a seizure, call 911 & activate your school emergency policy. Turn the child on their side. Contact the parents or the emergency contact person.

If the child is ill: if the child vomits while at school, contact the parents.

High Blood sugar: is usually not an emergency situation. It can be the result of too much food, illness, or not enough insulin (or forgotten insulin) Symptoms of high blood sugar are:

- Sluggish tired feeling
- Extra thirst
- More frequency urination
- Abdominal pain*
- Fruity smell to the breath*
- Vomiting *this can be an indicator of higher blood sugar. Parents should be notified.

Contacts with parents:
1. Contact parents when they have requested you contact them based on the blood sugar readings. Clarify this with them when you meet to discuss the School Action Plan for the year.
2. Have a record keeping system to record any blood sugar checks done at school with follow-up action. This may be in the format of a Communication Binder, Blood sugar record sheet, or Day planner. This information must go home to parents weekly or as requested by the parents. Parents will put this information in with the record of other blood sugars, and adjust insulin doses.
3. Times of field trips, extra sports events, events away from school or special parties involving food.
4. When juice supplies or glucose supplies are running out
5. For any questions or concerns. Parents are their child’s best diabetes expert
Adapted from "Diabetes and School Information" www.endodiab.bcchildrens.ca