

WHAT SCHOOL PERSONNEL SHOULD KNOW ABOUT THE STUDENT WITH DIABETES

GENERAL INFORMATION Diabetes is caused by the body's inability to make insulin. This causes a high sugar level in the blood. In children, it can be treated only with a combination of insulin injections, diet and exercise. Diet alone is ineffective. Diabetes is not caused from eating "too much sugar," and is not contagious. Children with diabetes can participate in all school activities and should not be considered different from other students. It is essential that school personnel meet with parents early in each school year to obtain more specific information about the individual child and his or her specific needs.

HYPOGLYCEMIA One of the concerns during school time is that the child's blood sugar level might drop too low. This is called an **insulin reaction** or **hypoglycemia**. This situation is most likely to occur: 1) when meals or snacks are missed or delayed, 2) during or after a strenuous activity, 3) just before lunch or, 4) during a lengthy field trip or field day activities. Students may exhibit a variety of the symptoms.

SIGNS OF HYPOGLYCEMIA (MILD TO MODERATE)

Sudden hunger	Poor coordination
Blurred vision	Nausea
Sweating	Confusion
Inability to concentrate	Drowsiness
Abdominal pain	Shakiness
Paleness	Fatigue
Crying	Nervousness
Headache	Inappropriate actions/response
Irritable/moody	

TREATMENT (MILD TO MODERATE)

Treatment should be given immediately. When in doubt, always give treatment. **Hypoglycemia is a medical emergency.** Give sugar (at least 15 grams of carbohydrate) immediately in one of the following forms:

- Sugar - 5 small cubes, 2-3 packets or 2 teaspoons
- Fruit Juice - 1/2 to 2/3 cup
- Carbonated Beverage - Not diet or sugar-free.
- Candy
- Glucose tablets or glucose gel.
- Honey sticks, syrup, or frosting.

The teacher or school staff should remain with the student until the student's blood glucose is within normal range (according to the Diabetes Medical Management Plan). This takes approximately 15 minutes. Recheck the blood glucose level after 15 minutes. If the blood glucose level has not returned to normal, repeat the treatment. (15 grams of carbohydrate followed by retesting blood glucose level in 15 minutes.) Notify parent.

SIGNS OF HYPOGLYCEMIA (SEVERE)

Inability to eat or drink	Unresponsive
Unconscious	Seizure activity or convulsions (jerky movements)

TREATMENT (SEVERE)

If the student is uncooperative and disoriented: Lay student on his side and squirt 1 tube of glucose gel into the pocket of his/her cheek for quick absorption. CALL 911. Notify parent.

If the student becomes unconscious: CALL 911. Trained staff or volunteer may give glucagon as prescribed. Stay with the student until Emergency Medical Services arrive. Notify parent.

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HYPERGLYCEMIA Sometimes the child's blood sugar will go too high. This is called hyperglycemia. It may be due to 1) illness, 2) eating too much, 3) a missed insulin dose or, 4) stress.

The child will start drinking lots of water and will urinate more than normal. If these symptoms persist or if the child's blood sugar is high (as outline in the Diabetes Medical Management Plan) notify the parents.

DIET Food is an important component of diabetes management. It is essential that the child be as consistent as possible in following his/her meal plan. (This should be outlined in the Diabetes Medical Management Plan.)

If possible, the child should not have a late lunch. It is best not to have physical education scheduled just before lunch. If they do have physical education or recess before lunch, the student may need to check blood glucose level or have a snack. Students should always have access to a quick source of carbohydrate for treatment and/or prevention of hypoglycemia. This is normally provided by the student's family.

Students with diabetes may participate in class parties. If food is part of the class party, arrangements should be made in advance on how the student is to manage the food provided.

FIELD TRIPS Students with diabetes can participate in field trips. It is important that the teacher (or assigned staff) remember to watch for signs and symptoms of hypoglycemia. Staff should ensure that the student has diabetic care supplies with them on the field trip including glucose testing equipment, insulin, and treatments for low blood glucose.

TYPE 2 DIABETES Type 2 diabetes is different from type 1 diabetes. In type 1 diabetes, the body's immune system destroys the cells that release insulin, so that over time the body can't produce insulin at all. In type 2 diabetes, the body still makes some insulin, but it can't use it the right way. Students with Type 2 Diabetes should also have a Diabetes Medical Management Plan for school, if the student needs any accommodations or precautions while at school.

DIABETES MEDICAL MANAGEMENT PLAN All students with Type 1 Diabetes should have a Diabetes Medical Management Plan. These plans should be updated each school year. School staff should always follow the current plan *as written*. As the student's conditions or treatments change, it is the parent's responsibility to update the information to the Diabetes Medical Management Plan. These updates, along with any problems or concerns, should also be communicated to the district nurse immediately.

A blank copy of the Diabetes Medical Management Plan can be downloaded from the Box Elder Schools website and can also be found in the MEDICAL binder kept in the main office at each school. Parents of students with diabetes should have the Diabetes Medical Management Plan completed, signed by the physician, and reviewed by the district nurse and school staff *prior* to the student attending school.