

DIABETES INFORMATION FOR THE SCHOOL

You have a child in your class who has type 1 (insulin-dependent) diabetes. The following material is intended to help you understand what that means and how you might help in an emergency situation. For those of you who have had a child with diabetes in your class before, please review this information.

Children with diabetes should always wear a medical ID bracelet/necklace that clearly identifies them as having diabetes. Children with diabetes require at least 2-3 insulin injections (either by pen or insulin pump) and 4 or more blood sugar checks daily. They need to eat 3 meals and 2-3 snacks a day (specific amounts at specific times). They should carry their morning snack (generally eaten about 10:30 AM) and lunch with them to school each day, or have money to buy lunch. They need another snack at the end of the school day, or as soon as they get home. More snacks may be needed before physical activity.

There are two kinds of *EMERGENCY SITUATIONS* for a child with diabetes:

1. **Any situation which would leave them without adequate food or insulin to maintain their balance for the day.** This could be something as simple as forgetting their lunch or snack. Each child should have an "Emergency Food Kit" with instructions in a designated place (classroom, office, medical room).
2. **Low blood sugar / insulin reaction / hypoglycemia:** Different names for the same thing. Low blood sugar can be a result of too much insulin, a delayed or missed meal, or more exercise/activity than usual without a corresponding increase in food. This situation can develop within minutes of a child appearing healthy and normal.

In general, children older than 6 or 7 years of age can recognize their own low blood sugar symptoms most of the time and treat the situation themselves (with dextrose tablets, juice or candy). It is possible, however, that some children will not recognize the symptoms, and you will need to treat them.

SYMPTOMS OF LOW BLOOD SUGAR

- cold, clammy, or sweaty skin
- pallor (paleness)
- shakiness, tremor or lack of co-ordination
- irritability, hostility, poor behaviour, tearfulness
- staggering gait (appearing drunk)
- fatigue
- confusion
- extreme hyperactivity
- **eventually unconscious and possible seizure**, if not treated early

TREATMENT OF LOW BLOOD SUGAR: the child should immediately be given sugar or glucose (dextrose), depending on their weight, in one of the following forms:

15-30 kg (33-66 lb.) = 10 grams of glucose	>30 kg (>66 lb.): = 15 grams of glucose
3 ounces (85 mL) fruit juice ($\frac{2}{3}$ Junior juicebox or $\frac{1}{3}$ regular juicebox)	4 ounces (125 mL) fruit juice (1 Junior juicebox or $\frac{1}{2}$ regular juicebox)
3 ounces (85 mL) regular pop (not diet!)	4 ounces (125 mL) regular pop (not diet!)
1 $\frac{1}{2}$ teaspoons sugar	2 teaspoons sugar
3 Dextro Energy® tablets	5 Dextro Energy® tablets
2-3 Dex4® tablets	4 Dex4® tablets
any other form of fast-acting sugar (honey, jelly beans, Skittles®)	

CAUTIONS:

- It is imperative that the low blood sugar is treated right away, to prevent the child from losing consciousness or having a seizure.
- Never give food or drink if a child is unconscious!

Never leave a child with diabetes alone in a low blood sugar situation. If for some reason the student does not have some form of treatment on them (in fannypack, backpack), send someone else to get them something. **DO NOT LEAVE THE CHILD UNATTENDED!**

If the child is UNCONSCIOUS: call for an ambulance immediately. Be sure to tell them the situation, and that the student has diabetes. Immediately following that, call the parents or the emergency contact person.

If the child is having a SEIZURE: keep the child on his/her side to prevent choking. Call 911 for an ambulance immediately, and then call parents. Tell the ambulance that the child has diabetes. In some schools, designated school staff have been trained to give glucagon. If training has been set up, give glucagon.

ILLNESS: if the child vomits while at school, phone parents immediately. If you are unable to reach them or the emergency contact person, take the child to the nearest hospital. Be sure to tell them they have diabetes. (If they cannot keep anything in their stomach, they will need to be put on an IV to keep their blood sugar from falling).

HIGH BLOOD SUGAR: is NOT usually an emergency situation. It can be the result of too much food, illness, stress, less than the usual amount of exercise, or not enough insulin. It will result in a sluggish, tired feeling, extra thirst, and more frequent need to urinate. ***They cannot control this!*** They may require insulin by pen or insulin pump. A high blood sugar situation should not go on for more than 2-3 days. If the child is vomiting or having abdominal pain or laboured breathing, contact the parents. The family should phone the child's doctor to get help with adjusting the insulin.

Please discuss this with the parents if you have any questions.

RESOURCES FOR SCHOOL PERSONNEL:

- Canadian Diabetes Association: *Guidelines for the Care of Students Living with Diabetes at School (2014)* at www.diabetes.ca/kidsatschool.
- BC Children's Hospital: *Taking Diabetes to School* online module at www.bcchildrens.ca/health-professionals/learning-development/resources/diabetes-at-school
- International Diabetes Federation: *Kids and Diabetes in School (KiDS)* at www.idf.org/education/kids