

***The student/parents should provide the teacher/school with:***

- Sufficient oral and written information to allow the school to have a safe and appropriate environment for their child
- Supplies to treat low blood sugar (hypoglycaemia)
- Information about the child's meal/ snack schedule which should be tailored to fit into the daily school timetable
- Agreement that the student with diabetes will take part in all school activities as his/ her counterparts without diabetes
- Alternative options for unplanned vigorous physical activity
- Details of whom to contact and procedures to follow when the student is unwell
- Emergency details and outlined plan of action.

***The school should provide the student with:***

- Immediate access to treatment of a low blood sugar with supervision if needed (*Necessity should be determined with the parents at the beginning of each academic year*)
- A location within the school to provide privacy during testing and insulin administration and for the safe storage of diabetes equipment
- A named individual to take responsibility for advising parents/student in advance of any expected changes in the school timetable
- In the case of young children, a named individual who will remind the child of snack and meal times
- Permission for the student to eat a snack, have a drink, or visit the bathroom without repercussions
- Permission for the student to miss school, without consequence, for medical appointments
- Policy procedure for dealing with an emergency situation relating to the student's diabetes management that is specific to each student with diabetes.

**THE STUDENT WITH DIABETES IS EXPECTED TO PARTAKE IN ALL SCHOOL ACTIVITIES AND ACHIEVE EQUAL ACADEMIC RESULTS AS HIS/HER COUNTERPARTS WITHOUT DIABETES.**

***Procedure for the Management of***

when unwell.

*To be completed at the start of each academic year and reviewed regularly.*

**UNDERTAKE NORMAL SCHOOL PRECAUTIONS FOR A SICK CHILD.**

Inform parents/ guardian in the following situations:

Is there a person in the vicinity trained in the symptoms and management of high or low blood sugars?

Phone

If the child is unconscious, summon an ambulance and then attempt to contact

Phone

If unavailable contact

Phone

If unavailable contact

Phone

Is there a person (sibling) in the school who can administer an injection to treat a low blood sugar?

If yes, where is the injection held?

Is there a local healthcare professional who can be called? If yes, who?

Phone





# Your Student with Diabetes



# Introduction

The purpose of this booklet is to provide teachers with basic information about the student with diabetes so that the teacher will feel comfortable and the student will be safe. It is not meant to replace contact between parent/student and school personnel. Such contact is essential immediately following diagnosis of diabetes (and again at the beginning of each school year). It is important that the following issues are discussed and agreement reached and recorded on each issue.



- Blood glucose testing (if necessary) including the frequency and circumstances requiring testing.
- Insulin administration (if necessary) including capability of student and storage of equipment.
- Meals and snacks, including amounts and timing.
- Symptoms and treatment of low blood sugar (hypoglycaemia).
- Line of contact if the student is unwell, including when action is necessary.
- Dealing with severe hypoglycaemic event.

Additional information about diabetes is available from the Diabetes Centres at any acute hospital or from:

Diabetes Federation of Ireland,  
76 Lower Gardiner Street, Dublin 1.

**Lo-Call Telephone: 1850 909 909**

**Email: [info@diabetes.ie](mailto:info@diabetes.ie)**

**Website: [www.diabetes.ie](http://www.diabetes.ie)**



# What is Diabetes Mellitus?

Diabetes Mellitus is a lifelong condition, which occurs when the body cannot make enough insulin to meet its needs.

Insulin is a hormone produced in the pancreas. Without it, sugar from the food we eat cannot be converted into the energy required to sustain life. Instead, unused sugar accumulates in the blood and spills out into the urine.

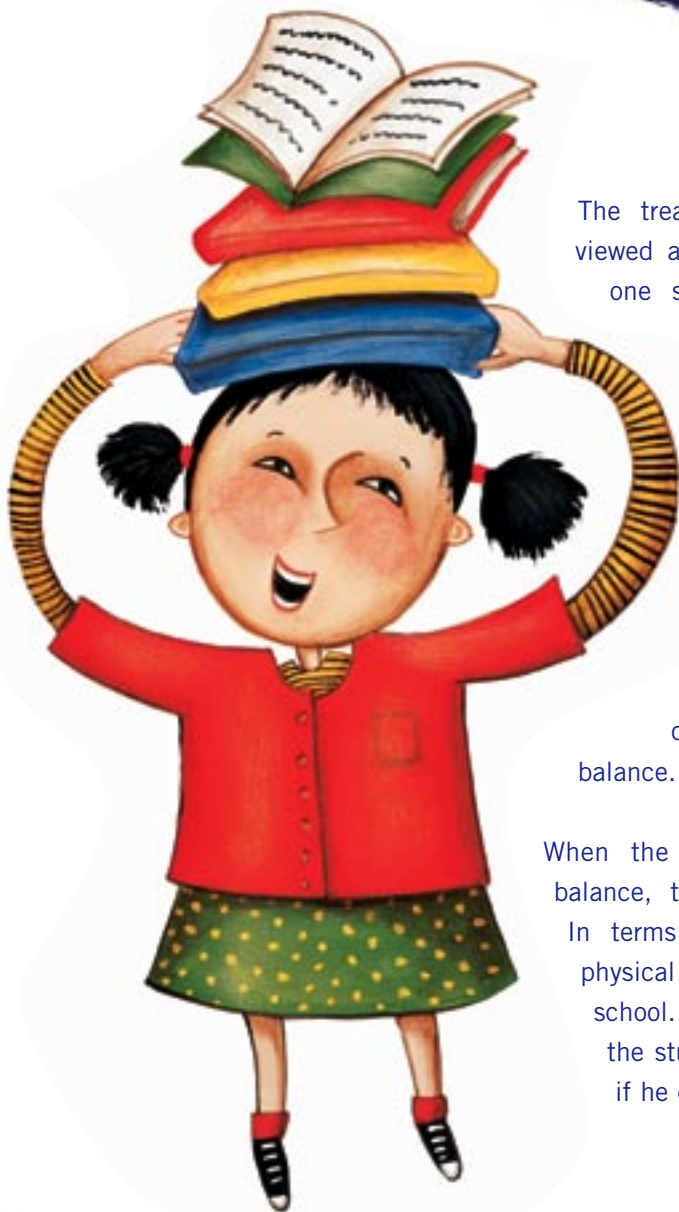
The majority of people with diabetes develop the condition in adulthood. They can still produce some insulin, and may be able to control their diabetes by diet alone or by diet and medication (either tablets or insulin). The majority of children and adolescents with diabetes are different; they are unable to make any insulin and must take insulin daily.



Insulin cannot be taken as tablets and is usually given as injections or through an insulin pump.



# The Balancing Act



The treatment of diabetes can be viewed as a balancing act. Food, on one side, increases the amount of sugar in the blood. Exercise and insulin, on the other side, lower the blood sugar level by allowing the sugar to be used for energy.

Blood sugar tests done by the student or the parents are means of monitoring the blood sugar balance.

When the blood sugar is in proper balance, the student will feel well - In terms of academic performance, physical activity, and attendance at school. The teacher's expectations of the student should be the same as if he or she did not have diabetes.

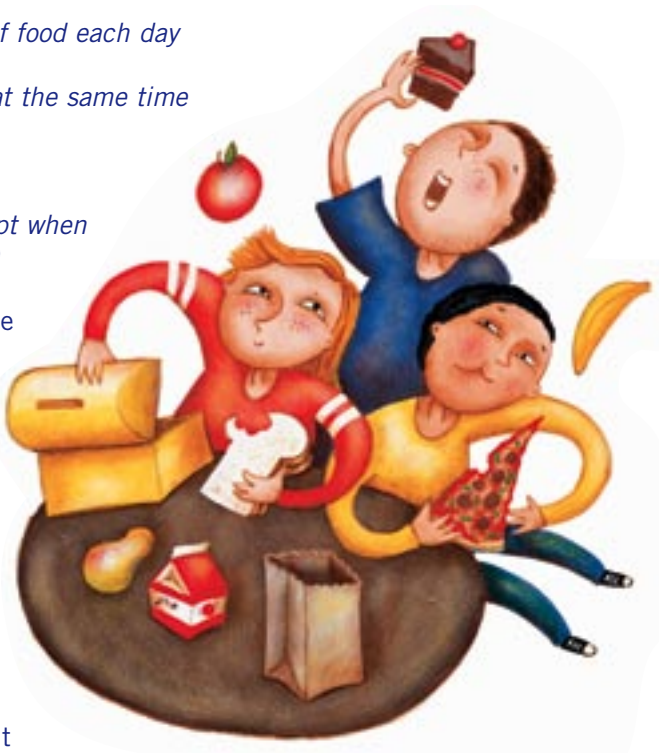
# Food

Maintaining the proper balance of food and insulin is essential to achieve good blood sugar control. When the doctor and parents decide on an insulin dose for the child they are assuming that the food intake and exercise will be kept relatively constant.

School personnel do not need to know the details of the meal plan in order to help the student with diabetes. They must simply understand that the diet for the child is based on the following principles:

- *Eating the same amount of food each day*
- *Eating meals and snacks at the same time each day*
- *Avoiding drinks containing concentrated sugars (except when the blood sugar is too low)*

Those principles must be remembered not only during the regular school day but also on outings, during detention periods, and other school activities. It is usually possible to co-ordinate meal and snack times with the school schedule – for example the child's snack can often be taken at break-time with the rest of the class. Occasionally it may be necessary for the student to eat a snack during class and he or she should not be criticised or singled out as being different for doing so.

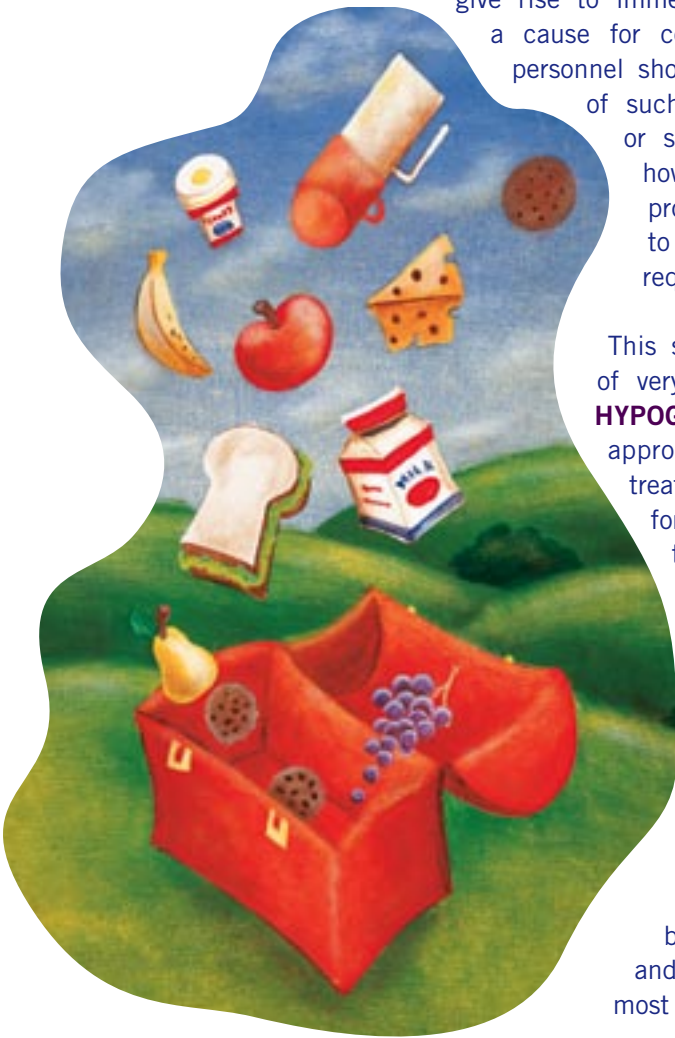


# Food

Young children with diabetes may require extra supervision in the lunchroom to ensure that they eat most of what has been provided for them. Overeating will not give rise to immediate problems, but can be a cause for concern if continued. School personnel should simply advise the parent of such behaviour. Missing a meal or snack or eating inadequately, however, is a much more serious problem and can easily give rise to a medical emergency, which requires immediate treatment.

This situation, which is the result of very low blood sugar, is called **HYPOGLYCAEMIA** ('*Hypo*'). The appropriate action is immediate treatment with a readily absorbable form of sugar such as glucose tablets or sweet drinks (Lucozade or regular 7UP).

Children with diabetes are able to eat all foods. If parents are notified ahead of time of parties, or special events involving food, the child with diabetes should be able to enjoy them as much as everyone else. Fruit, biscuits, popcorn, potato crisps and pizza are the type of treats most suitable.



# Low Blood Sugar An Emergency!

'Hypo', 'Hypoglycaemia', 'Insulin Shock', and 'Insulin Reaction' are all different names for the same thing – an emergency situation caused by a low blood sugar. This situation can develop within minutes of the child appearing healthy and normal.

## Causes

Low blood sugar usually develops as a result of one or more of the following:

- Insufficient food due to delayed or missed meal
- More exercise than usual without a corresponding increase in food
- Too much insulin



## Symptoms

A child who is experiencing a 'hypo' usually exhibits SOME of the following signs:

- Cold, clammy, or sweaty skin
- Pallor
- Shakiness, lack of co-ordination (e.g. deterioration in writing or printing skills)
- Fatigue
- Irritability, hostility, and poor behaviour
- A staggering gait
- Eventual fainting and unconsciousness

*In addition the child may complain of:*

- Nervousness
- Excessive hunger
- Headache
- Blurred vision and dizziness
- Abdominal pain and nausea

*Remember that if the student behaves in an uncharacteristic manner, he/she may be hypoglycaemic.*



# Treatment

It is imperative that at the first sign of a low blood sugar you **GIVE SUGAR IMMEDIATELY**. If the parents have not provided you with more specific instructions, which can be readily complied with, give:

**a 1/3 to 1/2 glass of (non-diet) sweet drink,** e.g. Lucozade or 7UP  
or

**a 200ml carton of regular fruit juice or 2 teaspoons of sugar**

It may take some coaxing to get the child to eat or drink but you must insist.

If there is no noticeable improvement in about 10-15 minutes, repeat the treatment. When the child's condition improves, he/she should be given food. This will usually be in the form of the child's next regular meal or snack.



Until the child is fully recovered he/she should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If however, it is decided that the child should be sent home it is imperative that a responsible person accompany them.

In the case of young children, parents should be notified of all low blood sugar episodes. Repeated reactions are undesirable and unnecessary and should be drawn to the parents' attention so that they can discuss the problem with their doctor.

## **IF UNSURE WHETHER THE CHILD IS HAVING A LOW BLOOD SUGAR, ALWAYS GIVE SUGAR!**

A temporary excess of sugar will not harm the child but a low blood sugar is potentially serious. Note: Do not give food or drink if the child is unconscious. Call an ambulance or instigate emergency procedure as agreed with the student's parents/guardian.

If the hospital is far away and a general practitioner is nearby who can give intravenous glucose, call the GP immediately - don't delay.

# High Blood Sugar

Children with diabetes sometimes experience high blood sugars. The earliest and most obvious symptoms of a high blood sugar are increased thirst and urination, tiredness, and lethargy. If noticed, these should be communicated to the parents to assist them in the long-term treatment of the child.

## Causes

*High blood sugars often develop as a result of one or more of the following:*

- Too much food or improper diet
- Less than the usual amount of activity
- Not enough insulin
- Illness

However, very often there does not seem to be an obvious explanation.



# The Sick child at School

Children with diabetes are no more susceptible to infection or illness than their classmates without diabetes. Their attendance record should be normal.

When children with diabetes become ill with the usual fevers and other childhood sicknesses, the blood sugar balance is likely to be upset. Careful monitoring with blood sugar testing and extra insulin may be required. Such illness management is the responsibility of the parents, not school personnel.

When a child with diabetes becomes ill at school the parents should be notified immediately so that they can take appropriate action.

Vomiting and inability to retain food and fluids are serious situations since food is required to balance the insulin.



**IF THE CHILD VOMITS,  
CONTACT THE PARENTS  
IMMEDIATELY. IF UNABLE  
TO REACH THE PARENTS,  
TAKE THE CHILD  
DIRECTLY TO THE  
NEAREST HOSPITAL.**

# Sports & Extra-Curricular Activities

Children with diabetes should be encouraged to participate in as many school activities as they choose. They should not be excluded from school trips. School sports and extra-curricular activities can promote self-esteem and a sense of well being.

For those students who wish to participate in vigorous physical activity, good planning is essential so that the blood sugar balance is maintained. The major risk of unplanned vigorous activity is a low blood sugar. Eating extra food can prevent this.

Parents should be notified of special days that involve extra activity so that they can ensure that the child has extra food to compensate.

Sports or other activities that take place during meal time require extra planning. Timing of meals and snacks may be varied and the insulin dose adjusted so that the student can safely participate.

It is advisable for both the student and the teacher to carry some form of fast-acting sugar such as dextrose or Lucozade tablets, or high-sugar-containing drinks such as Lucozade or juice cartons, on school outings and to sporting events.

It is essential that all the student's teachers especially P.E. teachers and coaches, are familiar with the symptoms, treatment and prevention of low blood sugars.





# Notes





# Personal Information

to be obtained from parents

Student's Name

Age  Class

Address

Home Phone Number

Parent's Names:

Father  Phone  Mobile

Mother  Phone  Mobile

Alternate person to call in an emergency

Name  Phone  Mobile

Siblings in the school

Name  Class

Name  Class

Name  Class

Doctor's Name

Address

Phone

Notes on availability of doctor

Does the student do his or her own blood tests?

If so, what times are they usually carried out?

Does the student require an insulin injection during the school day?

If yes, what times?

What time of the day is a low blood sugar most likely to occur?

Symptoms typically experienced by the student during a low blood sugar

Is the student capable of treating a mild 'hypo' on his/her own?

What is provided to treat the 'hypo'?

Where is it located?

Type of morning snack

Type of afternoon snack

Suggested treats for in-school parties

Special Instructions