Background

The Division emphasizes the need to support the needs of each child individually and provide appropriate care in the school based on the student's Diabetes Medical Management Plan (Form 312-1).

Diabetes care is to be provided in a way that encourages self-management of diabetes by the student whenever appropriate and which ensures that adequate numbers of trained personnel are available to protect the student's health and safety whenever the student is in the school or participating in school sponsored activities.

Procedures

1. The administration of quick acting glucose source (e.g., glucose tablets, unsweetened juice, sugared candy) or the provision of follow up snacks (e.g. digestive biscuits, crackers, cheese) is acceptable and can be dispensed by any staff member in accordance with written instructions form the parent (refer to the Diabetes Medical Management Plan). (Form 312-1)

    1.1 Parents are to be advised when a quick acting glucose source for low blood sugar has been administered.

    1.2 In an emergency call 911.

        1.2.1 Staff members are not permitted to administer a glucagon injection. *Note: the glucagon must be measured appropriately, mixed with saline prior to administering and therefore puts both student and staff at risk. Dial 911.

2. When developmentally capable, students shall be allowed to test their own blood levels or upon request of the parent or student.

    2.1 If requested, the students are to be allowed to conduct blood testing in the classroom or principals are to provide a private and a sanitary environment that enables and enhances the student's ability to manage their health condition.

    2.2 When developmentally capable, students must be provided with a private and sanitary place to test blood and inject insulin. In consultation with child/student and parents/guardians, develop a sanitary disposal and clean-up routine.

3. When developmentally incapable to test their own blood or ketone levels, the student will be provided with support. This will be done with two people, to ensure the medical plan is accurately followed.

4. Insulin Pumps
    4.1 Where the student is unable to dial in the correct dosage when an insulin pump is in use due to age (<9 years of age) or diagnosed with developmental challenges (FS IQ <70), two staff members will provide support as follows:

        4.1.1 One staff member must administer the blood test reading using the apparatus provided. This reading is programmed to transmit directly to the Insulin Pump; a beep will indicate its receipt.

4.1.2 Once staff member will observe while one staff member enters the correct corresponding carbohydrates consumed during a specified time period.

4.1.3 The Insulin Pump will calculate the carbohydrate/insulin ratio. Both staff members will confirm the accuracy of the insulin to be administered as directed by the carbohydrate count and enter "ACCEPT" in to the pump. This pump will ask for confirmation by repeating this process.

4.1.4 All results and actions will be recorded on the Diabetes Management Plan. (Form 312-1)

4.1.4.1 *Regardless of age or developmental level, no student shall be left alone while experiencing a low. Due diligence must be followed as outlined in the Diabetes Medical Management Plan.

5 Syringe Injections:
5.1 The Division does not require staff to administer syringe injections

6 Principal Responsibilities
6.1 Assuring that trained school personnel are available to provide routine and emergency diabetes care at school and school-related activities.

6.2 Requiring development and implementation of a Diabetes Medical Management Plan approved by the child's health care provider.

6.3 Assuring that school choice is not restricted because of diabetes.

6.4 No staff member shall be disciplined for their refusal to provide ongoing medical support.

6.5 In an emergency situation, dial 911 and provide emergency care as outlined in the Medical Management Plan.

7 The Principal along with the Director of Teacher Quality and Staff Development will ensure that three staff members are designated each year and that these staff members remain properly trained. This training is to be provided by certified medical personnel. All staff will receive an overview, once per year to support their understanding of diabetes and procedures to follow in an emergency situation.

8 The division will not mandate that any staff member provide ongoing medical support, nor shall they prevent any staff member from providing ongoing medical support.

9 The following resources are available:

9.1 Guidelines for Supporting Students with Type 1 Diabetes in Schools
9.2 From the Canadian Diabetes Association: Kids with Diabetes in your care.

Reviewed/Revised: June 2024 New

Reference: *Education Act,* SA 2012, c E-0.3
Public Health Act
Wild Rose School Division AP 316 Appendix Type 1 Diabetes

www.diabetesatschool.ca

Low blood sugar

What it is and what to do

When blood sugar is below 4 mmol/L, you must act IMMEDIATELY.
Do not leave a student alone if you think blood sugar is low.

Low blood sugar is also called **hypoglycemia.** It can be caused by:

- Too much insulin, and not enough food
- Delaying or missing a meal or a snack
- Not enough food before an activity
- Unplanned activity, without adjusting food or insulin

Some of the most common symptoms of low blood sugar are:


Shakiness


Irritability/grouchiness


Dizziness


Sweating


Blurry vision


Headache


Hunger


Weakness/Fatigue


Pale skin

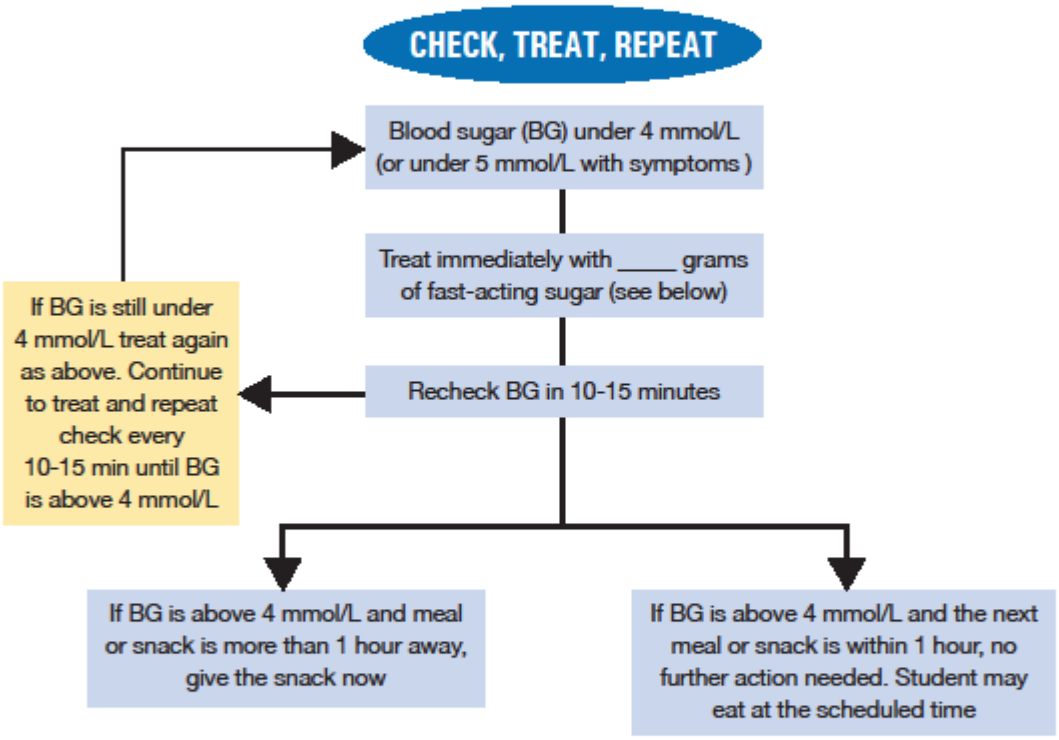

Confusion

See other side for steps to take when you suspect a student has low blood sugar.

How to treat low blood sugar

Remember:

1. Low blood sugar must be treated **IMMEDIATELY**
2. **DO NOT** leave a student alone if you suspect low blood sugar
3. Treat the low blood sugar **WHERE IT OCCURS**. Do not bring the student to another location. Walking may make blood sugar go even lower.
4. Even students who are independent may need help when their blood sugar is low



Give fast-acting sugar according to the student's care plan: either 10 g or 15 g

Amount of fast-acting sugar to give		
	10 g	15 g
Glucose tablets	2 tablets	4 tablets
Juice/pop	½ cup	¾ cup
Skittles	10 pieces	15 pieces
Rockets candy	1 pkg = 7 g	2 pkgs = 14 g
Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs

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High blood sugar

What it is and what to do

High blood sugar (or hyperglycemia) occurs when a student's blood sugar is higher than the target range. It is usually caused by:

- extra food, without extra insulin
- not enough insulin
- decreased activity

Blood sugar also rises because of illness, stress, or excitement. Usually, it is caused by a combination of factors.

Students are not usually in immediate danger from high blood sugar unless they are vomiting, breathing heavily or lethargic. They may have difficulty concentrating in class.

Symptoms of high blood sugar

Symptoms of VERY high blood sugar

What to do

Check blood sugar. Even students who are independent may need help if they are unwell.

Contact parents immediately if a student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar.

If the student is well, follow instructions for high blood sugar in their care plan. Allow unlimited trips to the washroom, and encourage them to drink plenty of water.

If you see these symptoms in a child without type 1 diabetes, please speak to their parents and suggest they see a doctor.

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Canadian Paediatric Society

10 things school staff should know about type 1 diabetes

1. **Children will not outgrow type 1 diabetes:** With type 1 diabetes, the cells in the pancreas that produce insulin have been destroyed. People with type 1 diabetes will always have to take insulin injections (until there is a cure). Changes in lifestyle or diet will not "improve" type 1 diabetes.

2. **Insulin is not a cure:** But it is the only treatment. Without insulin, people with type 1 diabetes would die.

3. **It takes a lot of work to manage diabetes:** Children with type 1 diabetes usually look healthy. That's because they and their families are working hard to keep blood sugar levels in a target range. They do this by checking levels frequently, and acting quickly when needed—such as adding insulin to account for a special treat, or having a snack because of extra physical activity.

4. **Technology is helpful, but it doesn't work on its own:** Some students wear insulin pumps to deliver insulin. A pump is another way to deliver insulin, and whether or not to use a pump is an individual choice. Other students wear continuous glucose monitors (CGMs), which take blood sugar readings every few minutes. But none of these devices works on its own. People still have to carefully monitor blood sugar, food intake, and activity, and make decisions about how much insulin to give and when.

5. **Blood sugar levels can change quickly:** It's important to check blood sugar often, because there are many factors that can cause it to change from minute to minute.

6. **Low blood sugar needs immediate attention:** If a student feels low, or you suspect a student is low, act right away. Do not leave the student alone. Check blood sugar, and give fast-acting sugar as needed.

7. **High blood sugar means extra trips to the bathroom:** When blood sugar levels are high, the body tries to flush out the extra glucose through urine. Children with type 1 diabetes should always have unrestricted access to the washroom.

8. **Kids with diabetes can still eat sweets** (and anything else): Unless they have food allergies or intolerances, students with diabetes can eat anything that others can—as long as they have enough insulin. By planning ahead, school staff can ensure kids with diabetes are included in activities involving special treats.

9. **Even students who are independent may need help managing diabetes:** As students get older, they take on more of their diabetes management. But they still need help from time to time, especially if their blood sugar is low (hypoglycemia).

10. **Kids with diabetes want to be like everyone else:** Like other kids, students with type 1 diabetes want to fit in. They don't want to be singled out because of their disease. Working with students and families to ensure kids can manage their diabetes and still feel included is an important role for school staff.

For more information: www.diabetesatschool.ca