SCHOOL DISTRICT #22 VERNON
DIABETES POLICY

A student with diabetes does not automatically qualify for additional support. The student may qualify as a temporary D category (chronic health) after diagnosis until the child is able to self-administer insulin, and follow their own care plan.

Children with diabetes are taught it is a self-managed disease. This means that the child or adolescent (depending upon the child's age and abilities) may be giving themselves insulin with a syringe, injection pen, or insulin pump, taking oral diabetes medications, monitoring his/her blood glucose levels with a meter, testing urine, keeping written records, and taking snacks as needed between meals in the school setting and at school functions. Treatment is individualized based on the student's needs.

General guidelines for the degrees of self-management expected from students:

- Elementary school-aged children often are able to perform their own blood glucose monitoring but usually will require supervision/monitoring. Older elementary school-aged children (average age: 9 years) are beginning to self-administer insulin with supervision and understand the factors that influence blood glucose levels. Unless children have hypoglycemic unawareness (inability to tell when their blood glucose level is low), most should be able to let an adult know when they are experiencing hypoglycemia (low blood glucose).
- Middle- and high school-aged children should be able to provide self-care depending upon the length of time since diagnosis and level of maturity, but they always will need help when experiencing hypoglycemia (low blood glucose).

1) Facts: There are two types of diabetes: Type 1 diabetes usually has a rapid onset and is caused by an autoimmune disorder in which the insulin-producing cells of the pancreas are destroyed. Insulin is a hormone that is essential in allowing sugar to move into the cells and be used for energy by the body. People with Type 1 diabetes must take insulin injections (via syringe, injection pen, or pump) every day. Type 2 diabetes usually has a gradual onset and is caused by an insufficient production of insulin by the body or an inefficient usage of insulin by the body's cells. People with Type 2 diabetes may take insulin injections, take oral medication, follow a meal plan, and engage in physical activity to control his/her blood glucose levels, or any combination of these methods. Type 2 diabetes in youth is a rapidly growing health problem. Risk factors for this type of diabetes include obesity, inactivity, and a family history of diabetes.

Definitions

1) **Hypoglycemia** (low blood glucose) occurs when the student with diabetes has taken insulin or a medication to increase insulin production, and either food is not eaten in the amount needed or extra exercise or physical activity has increased the body's need for energy. The student may or may not recognize the early warning symptoms of low blood glucose, but the student needs immediate attention: a quick-acting source of glucose (sugar), followed by a less rapidly absorbed source of carbohydrates and proteins (see student's DMMP).

2) **Hyperglycemia** means blood glucose levels are above target range and occurs more slowly than hypoglycemia, but school personnel need to be alert to the early signs and symptoms of this condition. Almost all children with diabetes will experience blood glucose levels above their target range at times throughout the day, but these episodes are usually short in duration. Other children will experience daily spikes of their blood glucose levels which are of longer duration requiring extra insulin. In children, a minor illness such as a cold or the flu can upset the balance of insulin, food, and activity and result in a build-up of extra sugar in the blood stream.

Coordination of Care

Communication between parent/guardian, school personnel, and the student's health care providers is important to successfully manage diabetes.

Clear guidelines and procedures should be established by school based teams as to the roles and responsibilities of designated staff who will assist the student with diabetes with blood glucose monitoring, insulin and glucagon administration or other needed health services in the school setting. Emergency plans need to be written and be accessible to designated staff in case of hypoglycemia (low blood glucose reaction) or suspected onset of hyperglycemia (high blood glucose).

Training of School Personnel

All school personnel should be given training about diabetes and how to manage it. The training will be administered by Interior Health. Refresher training is to be done as needed.

Level 1 training
Administered to all school personnel at the beginning of the year.

Level 1 training content: (15 minutes the first week of school):

- An overview of diabetes
- How to recognize and respond to hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose). Useful charts are found in Appendix A.
- Who to contact for help in an emergency

Level 2 training
Designed for school personnel who have responsibility for the student with diabetes throughout the school day, including but not limited to: 1) teacher 2) Educational Assistant 3) administration 4) other staff working closely with the student

Level 2 training content: On-Line module by Interior Health plus follow-up by nurse (approx. 1 hour):

- Content from Level 1 with specific instructions for what to do in case of an emergency
- Roles and responsibilities of individual staff members
- Expanded overview of diabetes
- Procedures and brief overview of the operation of devices (or equipment) commonly used by students with diabetes
- Impact of hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) on behavior, learning, and other activities
- The student's Individualized Health Care Plan
- The student's Emergency Care Plans and how to activate Emergency Medical Services in case of a diabetes emergency
- Tips and planning needed for the classroom and for special events
- Overview of the legal rights of students with diabetes in the school setting

Level 3 student specific training and complex needs
For one or more school staff members designated as trained diabetes personnel who will perform or assist the student with diabetes care tasks.

Level 3 training content:

- Content from Level 1 and Level 2
- General training on diabetes care tasks:
    - Blood glucose monitoring
    - Ketone testing (urine and blood)
    - Insulin administration
    - Glucagon administration
    - Basic carbohydrate counting

ACTIONS FOR THE PARENT/GUARDIAN AND STUDENT WITH DIABETES

2. DIABETES MEDICAL MANAGEMENT PLAN

The DMMP should be provided by the parent/guardian of the student with diabetes, developed in coordination with the student's personal health team. The DMMP should:

- Be signed by the parent/guardian and the licensed physician who is a part of the student's health care team
- Outline the parental responsibility of carbohydrate counting and coordinating the calculating insulin adjustments with student's health care team
- Detail the health care services needed by the student at school
- Evaluate the student's ability to self-manage and level of understanding of his/her diabetes

3. EMERGENCY SUPPLY KIT

Parent/guardian should provide an emergency supply kit for use in the event of natural disasters or emergencies when students need to stay in school. This kit should contain enough supplies for at least 72 hours to carry out the medical orders in the DMMP. Parents should be responsible for restocking any used items and ensuring items with expiration dates are up to date. The kit should include:

- Blood glucose meter, testing strips, lancets, and batteries for the meter
- Urine and/or blood ketone test strips and meter
- Insulin, syringes, and/or insulin pens and supplies
- Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure (depending if the student uses a pump)
- Other medications
- Antiseptic wipes or wet wipes
- Quick-acting source of glucose
- Water
- Carbohydrate-containing snacks with protein
- Hypoglycemia treatment supplies (enough for three episodes): quick-acting glucose and carbohydrate snacks with protein
- Glucagon emergency kit

4. STUDENT SELF-MANAGEMENT

Diabetes care depends upon self-management. Students should have the right to self-manage, when appropriate. The age at which a child can self-manage his/her disease varies from student to student and from task to task because children develop and mature at different rates. A student's ability to participate in self-care also depends upon his/her willingness to do so. It is preferable that students be permitted to perform diabetes care tasks in the classroom, or at any school activity (e.g., testing blood glucose). If the steps are performed correctly and materials are disposed of properly, there is no risk of blood or any other unsanitary material contact to other students.

5. TEAM EFFORTS

Since diabetes is a disease that requires an effort on all fronts to control, there is a large responsibility on the parent/guardian of the child with diabetes. Parental responsibility is a 24 hour commitment and does not end when a child with diabetes is at school. Any person will benefit from a healthy diet, but for a child with diabetes the importance is magnified. A healthy and nutritious meal during school hours, with an accurate carbohydrate count, is paramount to controlling and managing diabetes properly.

The school health team can work with the parent/guardian on providing a carbohydrate count on lunches brought from home and the food service personnel of the school should provide carbohydrate counts on school meals and individual items to any parent that requests this information.

6. FOOD AND SPECIAL EVENTS

It is important that the school work closely with the family to plan for special events such as classroom parties, field trips and other school-sponsored activities. There are no forbidden foods in a meal plan for students with diabetes. However, serving more nutritious foods will be healthier for all students and will encourage good eating habits.

Healthy and nutritious meals and snacks at school with an accurate carbohydrate count and nutritional information will enable the student to incorporate special foods into his/her meal/snack plan and accordingly adjust the insulin dosage.

Every student looks forward to field trips. Even though many parents choose to chaperone their child and class on field trips, parental attendance should never be a prerequisite for participation by students with diabetes.

Appendix A

Quick Tip Sheets for Hyperglycemia and Hypoglycemia

(adapted with permission from *Students with Diabetes: A Resource Guide for Wisconsin Students and Families)*

http://www.dhs.wisconsin.gov/health/diabetes/PDFs/srg02.pdf

tes: A Resource Guide for Wisconsin Schools and Families • 1010

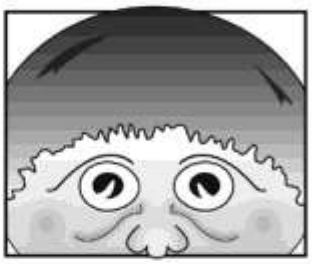
HYPOGLYCEMIA

LOW BLOOD GLUCOSE
KNOW THE SYMPTOMS

An individual may not always recognize symptoms of low blood glucose. These common symptoms, and others, may indicate low blood glucose.

Hungry

Shaky/weak/clammy



Blurred vision/
glassy eyes

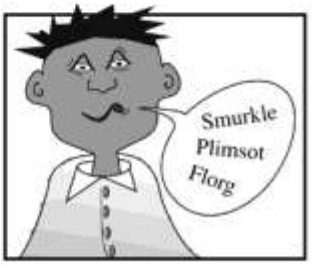
Dizzy/headache

Sweaty/flushed/hot

Tired/drowsy

Mood/
behavior change

Inattentive/spacey



Slurred/
garbled speech

If individual is confused/unable to follow commands, unable to swallow, unable to awaken (unconscious), or is having a seizure or convulsion,
GIVE GLUCAGON

HYPERGLYCEMIA

HIGH BLOOD GLUCOSE
KNOW THE SYMPTOMS

An individual may not always recognize symptoms of high blood glucose. These common symptoms, and others, may indicate high blood glucose.

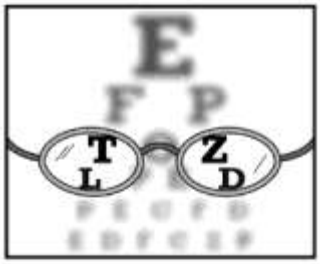
Frequent urination
(bedwetting in children)

Extreme thirst/ dry mouth

Sweet, fruity breath

Tiredness/fatigue

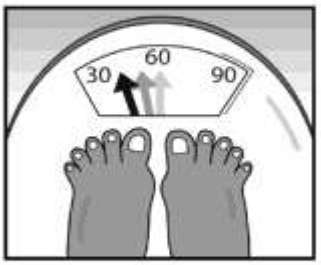
Increased hunger



Blurred vision

Nausea/vomiting

Stomach pain/ cramps



Unusual weight loss

If individual has labored breathing, weakness, is confused or unconscious,
SEEK MEDICAL ASSISTANCE