

Guidelines for Supporting Students  
**with Type 1 Diabetes**  
**in Schools**

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## **Guidelines for Supporting Students with Type 1 Diabetes in Schools**

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For more information about this document, contact:

School Accreditation, Standards and Print Services

8<sup>th</sup> Floor, 44 Capital Boulevard

10044 - 108 Street, N.W.

Edmonton, AB T5J 5E6

Phone: 780-427-7235 (toll-free by first dialing 310-0000, within Alberta)

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# Glossary

**Blood Glucose Meter** – A small portable machine that can be used to measure the level of glucose in the blood.

**Diabetes** – A medical condition in which sugar (glucose) remains in the blood rather than entering the body's cells to be used for energy.

**Glucose** – A type of sugar in the blood that comes from carbohydrate foods. It is the main source of energy used by the body. Insulin helps the body's cells use glucose.

**Hyperglycemia** – A situation where the sugar (glucose) level in the blood rises above normal. Hyperglycemia can be caused by not getting enough insulin, missing diabetes medication, eating too much food, not exercising, illness or stress. Symptoms can be mild, moderate or severe and include fatigue, increased thirst, increased urination and appetite.

**Hypoglycemia** – Occurs when there is a low level of blood sugar and the body is not getting enough fuel. Hypoglycemia, in an individual with diabetes, can be caused by missing a meal or taking too much of some diabetes medication. Symptoms can start quickly and include trembling, nervousness, sweating, hunger, fainting seizure, and/or difficulty speaking.

**Individual Care Plan (ICP)** – A plan that contains personalized information for supporting a child's/student's medical needs in school.

**Individualized Program Plan (IPP)** – An IPP is a plan of action designed to address a students' special education needs, including health-related support services.

**Insulin** – A hormone produced in the pancreas that allows sugar (glucose) to enter the body's cells where it is used for energy. If the body does not produce enough insulin or does not use it properly, diabetes develops.

**Medical alert bracelet** – A bracelet worn around the wrist that has information about your identity and medical condition. It can be obtained from your doctor and helps emergency responders know how to help you if you are unable to talk during an emergency.

**Type 1 diabetes** – A lifelong disease where the pancreas stops making insulin. Treatment focuses on keeping blood sugar levels at a safe range by eating a balanced diet, taking insulin and getting regular exercise.

**Type 2 diabetes** – A disease where the body cannot use insulin right away. Treatment may include healthy eating, getting regular exercise and sometimes medication to help control blood sugar levels.

# Introduction

Alberta Education is committed to ensuring a welcoming, caring, respectful and safe learning environment that enables each child/student, including those with medical needs, to meaningfully participate in school and school activities.

Diabetes continues to be a significant public health issue in Canada and around the world. According to the Public Health Agency of Canada, about 3.0 million Canadians are living with diabetes, representing 1 in 300 children and youth (1-19 years)<sup>1</sup>. In 2017, there were approximately 300,000 Albertans living with diabetes and 2,300 Alberta school-aged children identified as having Type 1 diabetes. Based on this information, it is likely that one or more children/students may require support related to managing Type 1 diabetes in schools.

Alberta Education recognizes that supporting children/students with medical conditions such as diabetes at school is complex and requires supports beyond the education system. Parents/guardians are primarily responsible for attending to the medical needs of their child and are encouraged to work with their local school authority to find solutions and build on best practices, including the establishment of individualized care plans for children/students within the school. Schools, school authorities and their community partners can work with parents and community health and service providers when medical needs require attention in school.

## Purpose

The purpose of this guide is to provide information on how schools and/or school authorities, parents/guardians, healthcare professionals and community service providers can work together to support children and students with Type 1 diabetes in school and during school activities (e.g., field trips, athletic events, class parties, etc.).

It also identifies roles and responsibilities for the child/student, parent/guardian, school and/or school authority and provides resources to assist with supporting children/students with Type 1 diabetes in school and on school activities.

This document works in conjunction with existing policies, programs and resources provided by Alberta Education, Alberta Health and Alberta Health Services.

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<sup>1</sup> Public Health Agency of Canada. (2017). Diabetes in Canada: Highlights from the chronic disease surveillance system.

# What is Diabetes?

Diabetes is a medical condition where the body either does not produce sufficient insulin or cannot properly use the insulin it produces. It is a chronic disease that increases a person's risk for a range of serious medical complications. These complications can damage the nervous system, blood vessels, eyes and internal organs.

Complications arising from diabetes are usually due to low or high blood sugar; therefore it is essential that blood sugar levels are kept at an optimum level throughout the day to prevent emergencies and reduce the risk of serious complications. For children/students with diabetes, this requires daily management of their condition, which may include while they are at school or out on school activities such as field trips.

There are various types of diabetes including Type 1 and type 2.

## Type 1 diabetes

Type 1 diabetes is a disease in which the immune system attacks and destroys cells in the pancreas that produce insulin. Type 1 diabetes is not caused by and cannot be managed by lifestyle changes. It is controlled through regular, daily doses of insulin along with other steps to control blood sugar levels. Children/students with Type 1 diabetes will need to monitor their blood sugar levels regularly during the school day via a finger prick and a blood glucose meter and/or a continuous glucose monitor and depending on the blood sugar number, respond accordingly. Low blood sugar (less than 4.0 mmol/L) must be treated immediately with a source of fast-acting sugar. If mild low blood sugar is not treated, it can quickly become severe (very low) resulting in a medical emergency.

## Type 2 diabetes

Type 2 diabetes happens when the body cannot use insulin properly or the pancreas does not make enough insulin. It is different from Type 1 diabetes. Type 2 diabetes can be prevented or delayed by practicing a healthy lifestyle including maintaining a healthy weight and getting regular exercise.

This document focuses on Type 1 diabetes.

## Shared responsibilities

Supporting children/students with Type 1 diabetes at school and on school activities (e.g., field trips, class parties, etc.) can be complex depending on the child's/student's medical condition and their ability to self-manage their medical needs. The care of a child/student with Type 1 diabetes at school is a shared responsibility that involves the child/student, parents/guardians, community health and service providers and the school and school authority staff. As supports beyond the education system are required, collaboration with all appropriate partners and providers is necessary to ensure that the required needs of the individual child/student are met while maintaining the child's/student's right of access to education and to be integrated within the school community.

# Individual Care Plans

An individual care plan (ICP) for supporting children and students with medical conditions in schools contains personalized information regarding a child's/student's medical need(s) to enable them to be safe and cared for while at school or on a school activity (e.g., field trips, athletic events, etc.). The purpose of an ICPs is to provide clarity and direction on what needs to be done to support a child's/student's medical needs, when it must be done, by whom, and what to do during an emergency. When a school is informed of a child's/student's medical need(s) the appropriate staff member should initiate the development of an ICP by involving the child/student, where appropriate, parent/guardian, healthcare professionals, service providers and other relevant individuals.

ICPs can form part of a child's or student's individualized program plan (IPP). These plans should be readily accessible to those who need to reference them, while preserving the privacy, confidentiality and security of the information. The main goal of the ICP is to provide relevant information required to effectively support the child/student in a welcoming, caring, respectful and safe learning environment that promotes their health and participation in school and school activities.

The care required for children/students with Type 1 diabetes is unique to each individual child/student. The complexity of a child's/student's condition and/or medical need(s) will determine the level of support required in the ICP. Not all children/students may require an ICP. The type and level of support required and the ability of the child/student to consistently and safely self-manage their medical needs should be considered when determining the need for an ICP in partnership with parents/guardians.

The format of an ICP may vary to allow individual schools or school authorities to utilize the most effective, efficient and relevant format for the specific needs of a child/student. The ICP should have two components: a daily management plan and an emergency plan. The following information should be considered for inclusion in the ICP:

- the name of the child or student and their parent/guardian;
- the school year that plan is for;
- the grade and classroom/home room the child/student is in;
- contact information for the parent/guardian and any other caregivers or emergency contacts;
- the name of the medical condition/health concern;
- the medical need(s) that require attention/assistance in school or on a school activity (e.g., field trips, class parties, etc.);
- a description of the frequency/timing of blood sugar checks and whether the child/student requires supervision or assistance;
- a description of any prescribed medication, including information about dosage and frequency of administration;
- a description of triggers, physical reactions, signs, symptoms and avoidance/prevention strategies, where applicable;
- specific supports required for the medical need(s), including identification of roles and specific responsibilities of school staff and others individuals attending to these needs;

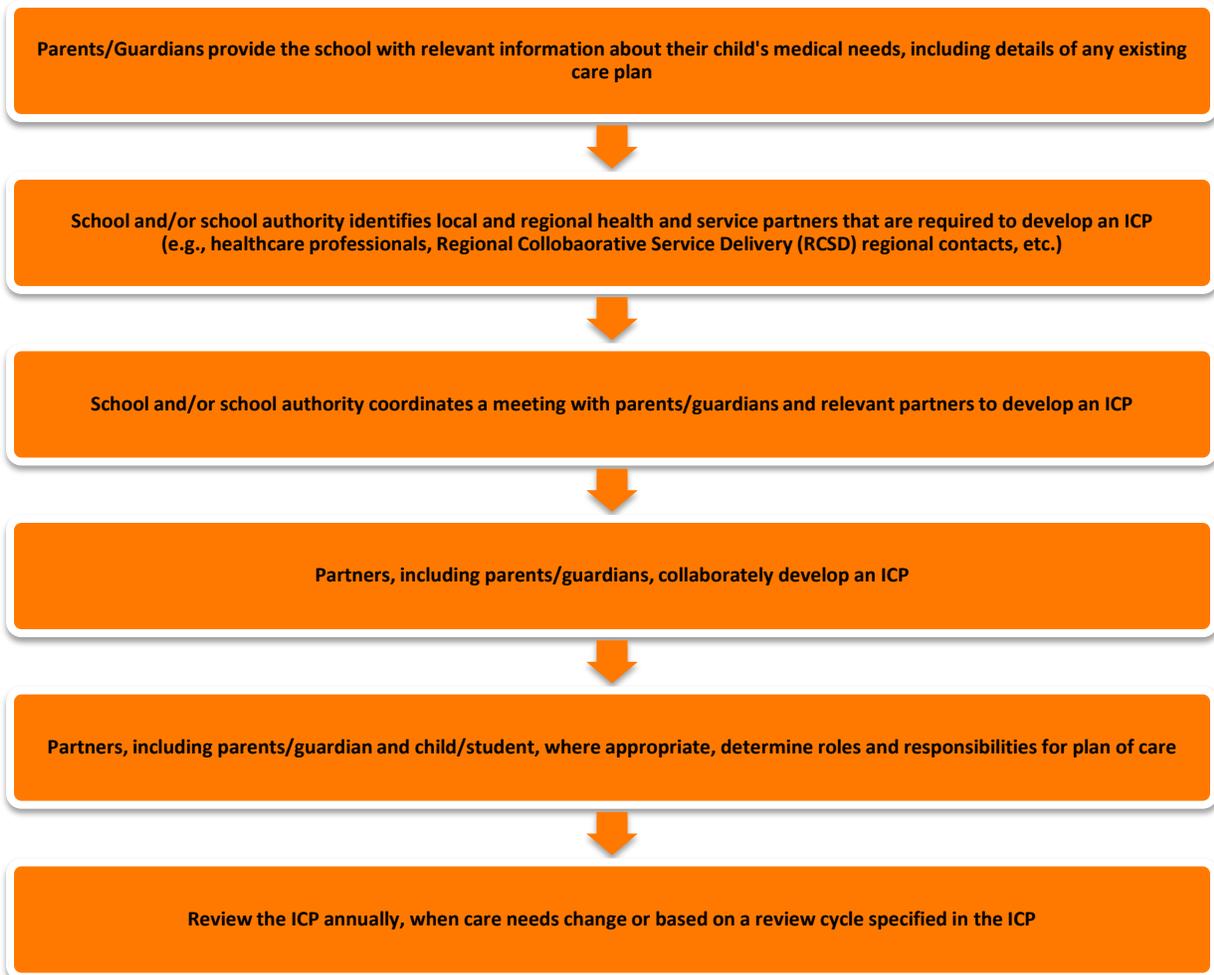
- details on daily or routine management and accommodation needs for the child/student while in school or participating in school activities;
- where applicable, notes and instructions from the appropriate healthcare professional;
- parent/guardian, and where applicable, student consent for the ICP;
- emergency plans and/or procedures, inclusive of location of the child's/student's emergency kits and emergency contact information for parents/guardians and alternate emergency contact and location of emergency kits, if applicable;
- communication procedures with families and individuals involved in supporting the medical needs of the child/student; and
- when the ICP is to be reviewed and/or updated.

Please note that school authorities and healthcare professionals must follow applicable privacy legislation on the collection, use and disclosure of personal information and health information, including the *Freedom of Information and Protection of Privacy Act (FOIP)*, *Personal Information Protection Act (PIPA)* and *Health Information Act (HIA)*.

In addition, schools and school authorities should be aware of the *Alberta Human Rights Act* and Schedule 7.1 of the *Government Organization Act*.

## Developing a collaborative individual care plan

The involvement of all relevant partners, including children/students, where appropriate, parents/guardians, school staff, healthcare professionals, support workers and other service providers, etc., is necessary for an effective ICP. Such involvement requires coordinated planning, regular communication and collaboration. The following provides a process for schools and health and service providers to work together toward addressing the unique medical needs of children/students with Type 1 diabetes while they are at school.



## Diabetes Management: Planning and Awareness

Understanding implications of a child/student's Type 1 diabetes is important for getting to know the child/student, planning effective instruction and providing support as needed. For example, some child/student behaviour, such as an inability to concentrate may be a symptom of high or low blood sugar, which would require attention as outlined in an individual care plan. In addition, children/students with Type 1 diabetes require insulin by injection or by a pump during the school day or on school activities.

The following are planning considerations for schools and/or school authorities and additional information that may be required in an ICP for supporting children/students with Type 1 diabetes in schools:

- Identify the appropriate school staff to meet with the child/student, where appropriate, and parents/guardians prior to the start of the school year or at the time of registration to discuss how the school can support the child/student's needs related to Type 1 diabetes.
- Develop an ICP that aligns with related school authority policies and procedures, in collaboration with the child/student, where appropriate, parents/guardians, school staff and healthcare professionals.
- Collaborate and plan with parents/guardians and the child/student, where appropriate, for school activities such as field trips, extra-curricular activities, class parties, special events and other events that may require physical activity beyond what would occur during an average school day. As part of planning for such school activities:
  - notify parents/guardians, as early as possible, of changes in their child's regular schedule due to school activities or other situations so that they can plan and provide the appropriate medication, equipment or supplies; and
  - discuss possible modifications to the ICP with parents as a result of school activities and include such modifications in the ICP.
- Provide 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.
- Enable a supportive environment for the child/student to manage their medical condition, including allowing for meals and snacks when needed.
- Collaborate with parents/guardians and the school and/or school authority team to identify and coordinate any needed consultation and services with community healthcare professionals.
- Develop a system for sharing information with relevant staff members, including substitute teachers, school volunteers and bus drivers about the child/student's condition, including key management strategies and considerations.
- Develop a system for regular communication between parents/guardians/caregivers.
- Provide training to appropriate staff.
- Raises awareness about Type 1 diabetes within the school community.

## Emergency management

Emergencies specific to Type 1 diabetes may arise for children/students with this medical condition while they are at school, participating in school events and on school activities. These emergencies are related to low blood sugar levels (hypoglycemia) or high blood sugar levels (hyperglycemia).

All children/students that require support with Type 1 diabetes in schools are to have an emergency plan as part of their ICP. This is important as emergency responses can be tailored for the specific situation of each individual child/student. When dealing with emergencies related to Type 1 diabetes, the emergency plan specified in the child's/student's ICP is to be followed. The appropriate emergency responders should be contacted as necessary and parents/guardians are to be notified of emergencies involving their child as early as possible.

Additional resources and references for recognizing hypoglycemia and hyperglycemia are provided in the Resources section at the end of this document.

# Roles and Responsibilities

## Children/Students

Where appropriate, children/students who are capable are expected to actively participate in the development and implementation of their ICP.

- **Roles and Responsibilities**

Children/students should:

- wherever possible and appropriate, take primary responsibility for the management of their medical needs, including self-managing their condition consistently and safely, and participating in the development and overall implementation of their ICP;
- if appropriate, be allowed to carry their own medication, devices, and other relevant supplies, test their blood sugar levels, self-administer their medication as required. Supervision and/or support may be required;
- be aware of where their medication, equipment and other relevant supplies are stored at all times, in order to access them quickly; and
- be aware that they are not to share their medication with other children/students.

## Parents/Guardians

As primary caregivers of their child and key partners in their child's education, parents/guardians are required to be actively involved in supporting the management of their child's medical needs while at school or on school activities.

- **Parents/guardians should:**

- educate their child about their diabetes and/or medical need(s) with the goal of the child taking primary responsibility for the management of their procedures or medications, where possible;
- work with the appropriate healthcare professionals to attend to the medical needs of their child outside of school hours, when possible;
- ensure that their child has and/or wears suitable identification (e.g., medical alert bracelet) while at school or on a school activity, wherever possible;
- ensure that their child's condition is as stable as possible and that they follow the medically prescribed care prior to arrival at school;
- notify the school of any changes to their child's medical needs at the earliest possible opportunity in writing;
- provide sufficient up-to-date and accurate information on their child's condition, symptoms, treatments, potential side effects of any medication and potential risks associated with their child's medical condition in a timely manner;
- confirm at the beginning of each school year, school term or at the time of registration, the status of their child's medical needs;

- encourage their child to notify school staff when they experience symptoms of low or high blood sugar;
- participate in the development and implementation of the ICP for their child, including carrying out any action agreed to;
- assist the principal by supporting the provision of educational information about Type 1 diabetes to other parents and the school community;
- provide any medication, equipment or other supplies necessary to support the diabetes management of their child in school. This includes ensuring that these items are appropriately labelled, maintained and/or replaced before their expiration date or when supply is low;
- providing snacks and lunches for the child/student;
- provide appropriately labelled meals and snacks and details on when their child needs to consume these during the school day; and
- provide up-to-date contact information, including an alternate authorized emergency contact, to ensure that they or the alternate contact can be reached as needed.

## School Authority

A school authority's ability to effectively support children/students with Type 1 diabetes in schools is dependent on collaborating and coordinating with partners who work outside of the school. Working cooperatively with parents/guardians, school staff, healthcare professionals and community service providers is critical to a successful ICP and management of the child/student's medical needs.

Expectations for school authorities on coordinated services in schools are outlined in the *Standards for Special Education*, *Standards for the Provision of Early Childhood Special Education*, *Requirements for Special Education in Accredited-Funded Private Schools*, and *Accommodating Students with Exceptional Needs in Charter Schools*.

The school authorities should:

- strive for full participation of children/students with Type 1 diabetes in all aspects of the school and its activities;
- ensure school authority staff and appropriate contractors (e.g., transportation, custodial, etc.) are familiar with the *Guidelines for Supporting Students with Type 1 Diabetes in Schools*;
- establish policy and/or administrative regulations/procedures for children and students with Type 1 diabetes;
- ensure that appropriate personnel and alternatives are assigned the responsibility to support the needs of children/students with Type 1 diabetes at school or during school activities (e.g., field trips, athletic events, etc.); and
- make available the appropriate training for personnel working with a child/student with Type 1 diabetes.

## School

The principal of a school plays a crucial leadership role of school staff in the coordination of parents/guardians and other partners in the development of an ICP, to ensure the child/student is supported in a welcoming, caring, respectful and safe learning environment that enables the child/student to have access to meaningful and relevant learning experiences. In addition to relevant school administration and staff, key partners may include Alberta Health Services professionals (such as nurses, physicians, occupational therapists, physiotherapists, respiratory therapists, etc.), Alberta Children's Services and Alberta Community and Social Services (Family Supports for Children with Disabilities) and other health practitioners.

- The principal (or designate) should:
  - strive for full participation of children/students with Type 1 diabetes in all aspects of the school and its activities;
  - ensure that school staff, volunteers and other appropriate personnel are familiar with the *Guidelines for Supporting Students with Type 1 Diabetes in Schools*;
  - establish school policy and/or procedures that align with school authority policy and/or administrative regulations/procedures for children and students with Type 1 diabetes;
  - support and monitor children/students with Type 1 diabetes in accordance with the school authority and school policies and procedures;
  - communicate to parents/guardians the appropriate process and provide appropriate forms for notifying the school of the medical condition and/or medical needs of the child/student and the process for developing an ICP;
  - co-create the ICP with the child/student, where appropriate, parents/guardians, school staff and appropriate healthcare professionals;
  - initiate and coordinate meetings for the development, implementation and regular review of the ICP;
  - ensure that an emergency plan for responding to medical emergencies is included in the child/student's ICP;
  - keep a copy of the ICP in the child/student record and maintain records according to school authority record retention guidelines;
  - ensure that the child/student's ICP is readily accessible to those who need to reference it, while preserving and ensuring the privacy, confidentiality and security of the information;
  - ensure that all school staff, volunteers and other personnel (e.g., bus drivers) that need the information for the performance of their duties and the safety of the child/student are aware of the child/student's medical need(s) and how to respond to those medical needs in an emergency;
  - ensure that relevant school staff, bus drivers and volunteers participate in necessary training and have access to resources on diabetes education for supporting the specific medical needs of individual children/students in accordance with the school and/or school authority's policies and procedures and the child/student's ICP;

- notify the parents/guardians if the child's/student's picture and emergency response plan will be displayed and in what manner it will be displayed to inform staff who need to have access to the information to serve the best interest of the child/student;
  - notify off-site activity service providers (e.g., swimming lessons, etc.) of the child's/students Type 1 diabetes;
  - if the child/student is not allowed to carry their medication, equipment and/or supplies, ensure that they are readily accessible to the child/student at all times; and
  - debrief after the occurrence of emergencies to determine if improvements to the daily/routine management plan and/or emergency plan are necessary.
- The teacher should:
    - strive for full participation of children/students with Type 1 diabetes in all aspects of the school and its activities;
    - be familiar with the *Guidelines for Supporting Students with Type 1 Diabetes in Schools*;
    - participate in training provided by the school or school authority on Type 1 diabetes;
    - co-create the ICP with the child/student, where appropriate, parents/guardians, school staff and appropriate healthcare professionals;
    - support the implementation of the ICP by creating a welcoming, caring, respectful and safe learning environment for the child/student;
    - support and monitor children/students with Type 1 diabetes and support personnel providing direct supports to the child/student with Type 1 diabetes in accordance with the school authority and school policies and procedures, and according to the child/students ICP;
    - with the consent of the parents/guardian's, the principal, provide classmates with information on Type 1 diabetes and strategies to support acceptance and understanding in a manner that is appropriate for the age and maturity of the children/students; and
    - maintain ongoing communication with parents/guardians about their child and any planned changes to regular school day schedule and or special events involving food or physical activity (e.g., field trips, athletic events, class parties, etc.) and any observed changes to the child/students well-being.

# Additional Resources

The following links provide additional information that may be helpful. These links are provided for information purposes only. Inclusion of the links is not an endorsement or approval by Alberta Education. Alberta Education bears no responsibility for the accuracy or content of the link. Users are responsible for evaluating the content and appropriate use of the information provided.

- Guideline for the Care of Students Living with Diabetes at School  
<https://www.diabetes.ca/getmedia/173678f6-1a4a-4237-bd55-aa7ba469a602/guidelines-for-students-in-school.pdf.aspx>
- Diabetes at School  
<https://www.diabetesatschool.ca/schools/schools>
- Diabetes at School – Video Series, Key concepts in managing diabetes at school  
<https://www.diabetesatschool.ca/tools/video-series>  
<https://www.diabetesatschool.ca/tools/resources>
- Managing Type 1 Diabetes: What can children do?  
<https://www.diabetesatschool.ca/parents/managing>
- Type 1 Diabetes  
<https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw34303>
- Diabetes in Children: Food Issues at School  
<https://myhealth.alberta.ca/health/pages/conditions.aspx?hwid=uq2552abc&>
- Individual Care Plan template  
[https://www.diabetesatschool.ca/uploads/docs/ICP\\_ENGLISH\\_FILLABLE\\_PDF\\_updated\\_2017-03-29.pdf](https://www.diabetesatschool.ca/uploads/docs/ICP_ENGLISH_FILLABLE_PDF_updated_2017-03-29.pdf)

- The following resource is for informational purposes, and can be found at [www.learnalberta.ca/content/inmdict/html/diabetes.html](http://www.learnalberta.ca/content/inmdict/html/diabetes.html) .

Medical/Disability Information for Classroom Teachers

## Diabetes (Type 1)




**Type 1 diabetes, formerly known as juvenile diabetes, is a disease in which the immune system attacks and destroys cells in the pancreas that produce insulin. Type 1 diabetes is not caused by and cannot be managed by lifestyle changes. There is no cure for type 1 diabetes. It is controlled through regular, daily doses of insulin along with other steps to control blood sugar levels. Students with type 1 diabetes will need to do regular blood sugar level checks via a finger prick and a blood glucose metre.**

**Depending on the blood sugar number, the student and staff may have to respond accordingly.**

### Implications for Planning and Awareness

- Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to type 1 diabetes. This could include finding out about:
  - the student's strengths, interests and areas of need
  - specific symptoms that may affect the student at school
  - successful strategies used at home or in the community that also could be used at school.
- In collaboration with parents and health care professionals, develop a written management plan that aligns with school and jurisdictional policies and protocols. This plan should include specific information, such as:
  - the role of the school staff in managing diabetes
  - signs and symptoms of low and high blood sugar
  - procedures for checking blood sugar levels
  - steps for treatment when the student's blood sugar is too low or too high
  - when and/or what emergency measures should be taken.
- Collaborate with the parents and student to consider if, and how, they would like to share specific information on type 1 diabetes with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.
- Provide a private, sanitary place to test blood and inject insulin. In consultation with student and parents, develop a sanitary disposal and clean-up routine.
- Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

Your awareness needs to begin with conversations with the student's parents.



- Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services with community health care professionals.
- Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

**Implications for Instruction**

- Develop a process for the student to get up to speed if he or she has to leave the classroom to check blood sugar levels or take medication. This could include assigning a buddy to the student.
- Be aware that a change in student behaviour could be a symptom of blood sugar changes. For example, inability to concentrate can be a sign that blood sugar is low, while aggressive behaviour can be a sign it is high. Rule out or respond to a blood sugar problem before attempting any other instructional or behavioural strategies.
- Be aware that physical education class and other physical activity can lower blood sugar. Recognize the symptoms of low blood sugar and be prepared to manage it. Encourage physical activity if the student's blood sugar is high.

**Implications for Social and Emotional Well-being**

- Create a supportive environment for the student to manage diabetes; for example:
  - allow snacks, when necessary
  - provide bathroom and water privileges without drawing attention to the student
  - provide a location and supervision for the student to be active, if needed.
- Recognize that the student may feel left out of situations that involve sugary snacks, such as class parties. Control the type of shared snacks brought to the class. Do not give candy or sugar treats to the student or classmates as positive reinforcement or incentives.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.



As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's health needs?  Yes  No
2. Do I need targeted professional learning? If yes, what specific topics and strategies would I explore?  Yes  No
3. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? If yes, what issues and questions would we explore?  Yes  No

Links for further information:

Children with Diabetes. "Information for Teachers and Child-Care Providers." [http://www.childrenwithdiabetes.com/id\\_0q\\_200.htm](http://www.childrenwithdiabetes.com/id_0q_200.htm)

British Columbia Ministry of Education. *Awareness of Students with Diverse Learning Needs: What Teachers Need to Know: Diabetes.* <http://www.bced.gov.bc.ca/specialed/awareness/39.htm>

Toronto Hospital for Sick Children. "About Kids Health." <http://www.aboutkidshealth.ca/Diabetes/Diabetes-Home.aspx?articleID=6487&categoryID=DB>

**Please note:**

These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.



- The following resource is for information purposes only, and can be found at [www.learnalberta.ca/content/ieptlibrary/documents/en/md/medical\\_management\\_form.pdf](http://www.learnalberta.ca/content/ieptlibrary/documents/en/md/medical_management_form.pdf).

Medical Conditions and Disabilities Information



Medical Management Plan

Student Name ..... Grade ..... Age .....

ID Photo

Health Condition Diagnosed: .....

Date of Last Review of Plan: .....

Homeroom Teacher: ..... Room: .....

Parent Name: ..... Phone (h): .....

Address: ..... Phone (w): .....

Parent Name: ..... Phone (h): .....

Address: ..... Phone (w): .....

Healthcare Providers: ..... Ph: .....

..... Ph: .....

**Emergency Response**

Emergency Contact # 1 .....

| Name  | Relationship | Telephone |
|-------|--------------|-----------|
| ..... | .....        | .....     |

Emergency Contact # 2 .....

| Name  | Relationship | Telephone |
|-------|--------------|-----------|
| ..... | .....        | .....     |

Describe signs or situations that indicate an emergency response is needed.

.....

.....

.....

.....

List steps to take in the event of an emergency related to this condition.

.....

.....

.....

.....



## Medical Management Plan

Student Name ..... Grade ..... Age .....

### Symptoms

List symptoms of the condition that this student is experiencing or may experience, and strategies for managing these symptoms.

.....  
.....  
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### Medications

Provide information about medications this student is taking, including dosage and location for any medications to be given at school. List current or possible side-effects of these medications.

| Name  | Amount | When to use | Side-effects |
|-------|--------|-------------|--------------|
| ..... | .....  | .....       | .....        |
| ..... | .....  | .....       | .....        |
| ..... | .....  | .....       | .....        |
| ..... | .....  | .....       | .....        |

### Monitoring

List signs or symptoms that may indicate the condition is not under control or that medication needs to be adjusted. Identify specific steps the student or teacher should take to monitor this condition.

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## Medical Management Plan

Student Name ..... Grade ..... Age .....

### Triggers and Restrictions

List any foods, activities, situations, etc. that this student should avoid.

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### Accommodations and Special Considerations

List any adaptations or strategies that will assist this student in participating as fully as possible.

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Healthcare Provider Date

.....  
Parent Signature Date

- The following are information sheets provided by Diabetes Canada that you may find useful:

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:

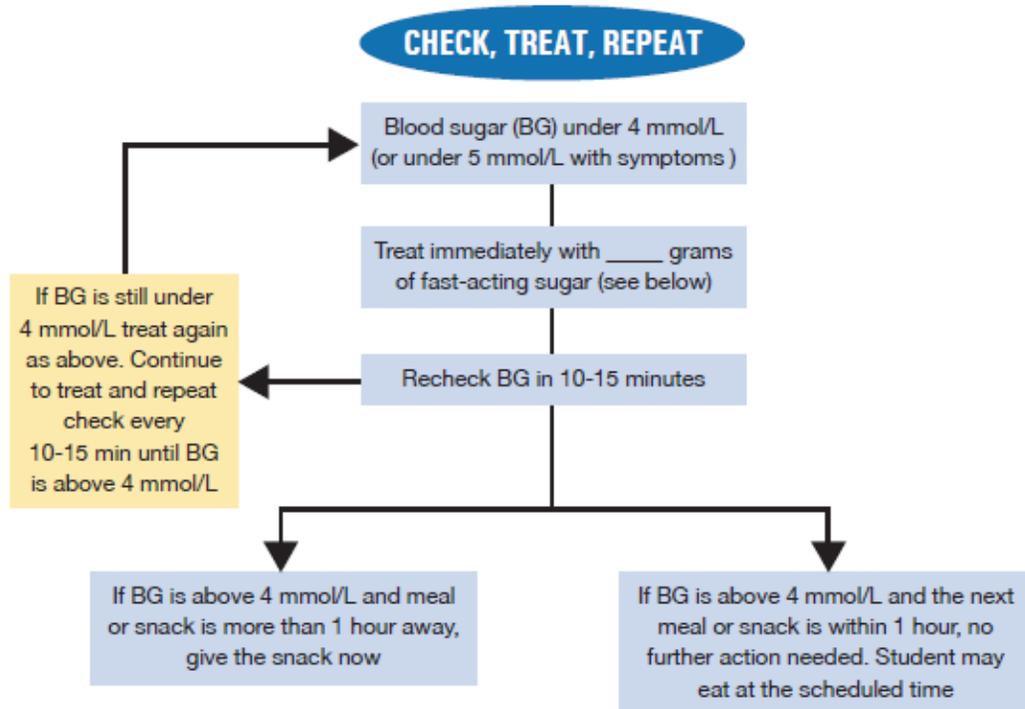
|   |   |   |   |
|---|---|---|---|
|    |    |    |    |
| <b>Shakiness</b>  | <b>Irritability/grouchiness</b>   | <b>Dizziness</b>  | <b>Sweating</b>   |
|  |  |  |  |
| <b>Blurry vision</b>  | <b>Headache</b>   | <b>Hunger</b>   | <b>Weakness/Fatigue</b>   |
|  |  |   |   |
| <b>Pale skin</b>  | <b>Confusion</b>  |   |   |

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 |

[www.diabetesatschool.ca](http://www.diabetesatschool.ca)

## 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.

### 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.

### Symptoms of high blood sugar



Extreme thirst



Frequent urination



Headache



Hunger



Abdominal pain



Blurry vision



Warm, flushed skin



Irritability

### Symptoms of VERY high blood sugar



Rapid, shallow breathing



Vomiting



Fruity breath

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

- The following is an information sheet provided by the Canadian Paediatric Society that you may find useful:



[www.diabetesatschool.ca](http://www.diabetesatschool.ca)



# 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](http://www.diabetesatschool.ca)

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