

Considerations for school staff



Diabetes can impact on all aspects of a person's life, and similarly, all aspects of a student's school experience. However with appropriate planning and preparation, students with diabetes should be able to participate fully in all school activities. Below is a list of things that teachers need to be aware of to ensure that a student with diabetes has a safe and enjoyable school experience.

Exercise & physical activity

Exercising muscles uses more glucose for energy. This may cause the blood glucose level (BGL) to fall either during, immediately after, or, in the case of prolonged or intensive exercise, hours later.

If the exercise is intensive and sustained, extra carbohydrates may be needed before the sport. If the sport has been particularly vigorous or lengthy, extra carbohydrates may also be required after sport. Additional blood glucose monitoring will also be required during and after vigorous or lengthy exercise.

Note that it is NOT appropriate to ask a child to exercise for the purpose of decreasing their blood glucose level. Exercise may actually cause the child's blood glucose level to rise and put them in danger.

Food

There is no specific diet recommended for children with diabetes. People with diabetes are recommended to follow the same healthy eating principles recommended for all people.

Diabetes management is a balancing act between carbohydrate food eaten, exercise and insulin. All these factors affect blood glucose levels (BGLs).

Families are responsible for providing the school with details about their child's food requirements and their child's particular hypo treatment (glucose food/drink).

Insulin

Insulin is delivered by pen device, syringe or Insulin pump.



Students with type 1 diabetes often require three to four injections per day and may need insulin at school, including before and after school care. While school staff are not required to assist with insulin administration, many teachers do volunteer to administer a student's insulin or supervise self-administration.

If a student is self-administering insulin at school, staff may need to arrange a private area for the student to administer their insulin under supervision. For high school students with the maturity, understanding and intelligence to manage their own health condition and make their own decisions, the input of their parents is not required. However students must be allowed to contact their parents if they do wish to discuss their diabetes care with them.

Students using an insulin pump may require supervision with administering insulin bolus doses.

Storage of insulin needs to be considered as part of a risk assessment in consultation with the school Principal and the parent/guardian/carer, and should not be stored in a locked cupboard or safe.

Insulin 'in use' should be stored below 30 degrees and away from direct sunlight and heat sources but not allowed to freeze if placed in a refrigerator.

Sick day management

During illness the body may need more insulin and blood glucose levels may become less stable.

Students with type 1 diabetes should never be sent alone to seek first aid assistance or left unattended when feeling unwell. It is safer to send for adult assistance to come to the student. It is not safe practice to send the student with another student to find assistance.

Equipment storage and sharps disposal

Blood glucose monitoring equipment must be within easy access for the student at all times. It must not be locked away in a cupboard or classroom.

Wherever the student goes, so too should the blood glucose meter, hypo kit and Emergency Health Plan. This includes the classroom, the school oval, the playground and class excursions. It is recommended that additional hypo kits should be available for use, if required, in an alternative place, e.g. the school office.

All schools should ensure they have sharps disposal kits made available. The kit should include a sharps container, disposable gloves and a copy of the guidelines for the disposal of needles/syringes in a sharps container.

Camps

Camps enhance self-esteem, are fun and promote confidence and independence. There's no reason why students with type 1 diabetes can't participate fully at camp. Usually students attend camp when they are reliably independent in the management of their diabetes.

In preparing for camps, schools follow departmental policies and procedures which take into account procedures for managing students' medical conditions such as diabetes. Parents should meet with the camp organisers prior to the camp to discuss the student's medical needs, camp activities and possible implications for their child engaging in camp activities and overnight stays.

Importantly, organisers should be mindful about location choice in case a student requires medical attention. The school needs to ensure that if a severe hypoglycaemic episode was to occur, the student can be treated.

Excursions

Students with type 1 diabetes can participate in an excursion when reasonable adjustments are made.

Details to be considered include:

- notifying parents early
- timing of meals and details of food provided
- timing of insulin injections and blood glucose tests
- the need to carry an adequate supply of food (sandwiches, dried fruit, muesli bars or biscuits) and water without relying on purchasing food or snacks when needed
- exercise or activities included

- taking a copy of the Individual and Emergency Health Plans
- mobile phone access
- inviting a parent to attend

Exams and tests

Students with type 1 diabetes who have stable blood glucose levels (BGLs) have more potential to perform to the best of their ability during exams and tests. When blood glucose levels (BLGs) are unstable, the student may have difficulty concentrating and may not perform to their potential.

In this case, consideration should be given as to whether the student can sit the exam at a later date.

During exams and tests, students may also need more frequent access to toilets. Students need to be allowed to have access to their food and blood glucose monitoring equipment in case of hypos during an exam or test.

Withdrawal from regular classroom

If a student is attending a classroom for detention or withdrawn from their regular classroom, the student must have access to their blood glucose monitoring equipment and hypo kit at all times.

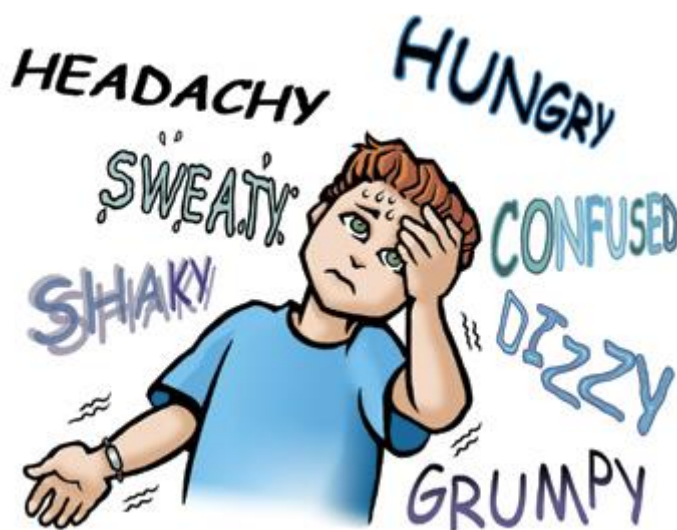
The student must be permitted to eat, if necessary, in the alternative classroom and go to the toilet when required.

Relief teachers, specialist's teachers and non-contact teachers

The Principal needs to inform relevant school staff, including specialist teachers and non-contact teachers, about students with medical conditions, including diabetes, and their specific health needs.

Playground duty

Staff responsible for playground duty must be provided with adequate information about students with type 1 diabetes to ensure that they are able to recognise a hypo and know what is required if a student has a hypo.



The student's hypo kit and Emergency Health Plan must be made readily available and be easily accessible.

Staff continuity

Consideration should be given to maintaining adequately trained staff. Appropriate training in diabetes management needs to be provided prior to support staff commencing duties in a class attended by a student with type 1 diabetes.

What you need to know about a student's psychosocial development

Type 1 diabetes has a significant impact on the individual student and their family. Students with diabetes can worry about their condition and even avoid managing their diabetes at school for fear of appearing different to their peers. This can lead to problems such as social isolation and refusing to go to school. This, in turn, can be indicative of depression and/or anxiety.

Therefore, it's important to establish a culture of school inclusion and support young people with type 1 diabetes so they can participate fully and safely.

Download [10 Things your teacher should know about type ONE diabetes](#)



More information go to www.danii.org.au