

Diabetes Care at Kindergarten

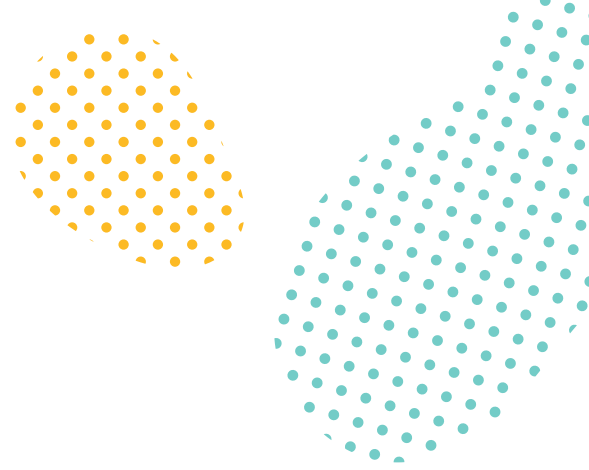


Important information for staff at:

Date distributed:

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Foreword

A child's type 1 diabetes diagnosis affects the whole family. Diabetes is a medical condition to be managed 24 hours a day, and that requires planning.

Support from the kindergarten is essential in order for a child with diabetes to have a safe and healthy day of learning and playing, like all other children.

The aim of this brochure is to ensure that children with diabetes receive the care and supervision they need at kindergarten. It gives kindergarten staff a simple introduction into what type 1 diabetes is, and it explains the actions required in case of low or high blood sugar.

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We would also like to thank all the families who inspired us, and provided vital inputs for the project!



“The aim of this brochure is to ensure that children with diabetes receive the care and supervision they need at kindergarten.”

Contact details

Name: _____

Date of birth: _____

.....

Name of parents/
guardians: _____

Telephone number: _____

Other contact: _____

Other important information:

If you have ACROBAT PRO:
Click on the box and insert an image (jpeg, PDF, TIFF)

If you don't have ACROBAT PRO: Paste in a physical copy of the image or insert an image in PDF format



A non-diabetic person has a blood sugar between 4 and 7 mmol/l

What is type 1 diabetes?



Type 1 diabetes must not be confused with type 2 diabetes. Type 1 is insulin-dependent diabetes, and cannot be controlled by diet, as is often the case with type 2 diabetes.

Approximately 28,000 children and adults have type 1 diabetes in Norway. This chronic medical condition is caused by a lack of insulin, which results in high blood sugar if untreated. The pancreas has stopped producing insulin, meaning that the blood sugar is no longer controlled by the body's own "thermostat", so the body needs an outside supply of insulin.

Most children have an insulin pump as their medical device. This mimics the body's own insulin supply from the pancreas, since the pump releases insulin regularly over a 24-hour period. For meals or blood sugar correction, you must manually key in the required dose of insulin or the amount of carbohydrates, as directed by parents.

Some children use an insulin pen, which is pre-filled with insulin. They then obtain the necessary amount of insulin by injection during meals or to correct their blood sugar.

Medicines and monitoring

Children using a pump should also have a pen available at the kindergarten, in case of a fault in the pump.

_____ uses this device.

How the device works:

- *How to set the correct number of units?*
- *Where on the body is insulin injected?*

How is blood sugar monitored?

- *What does an alert mean when wearing a sensor?*
- *How is a manual blood glucose meter used?*
- *What action must be taken in the event of an alert in the device or if a reading is high/low?*

Remember to wash your hands - unclean hands can affect the reading.

How is the insulin administered?

- *How does the pump or pen work?*
- *When should you inject insulin?*
- *Correcting blood sugar*

Low blood sugar/hypos

Under 4 mmol/l

1. Symptoms

It is important to monitor the child's behaviour to detect low or decreasing blood sugar. It is especially important to be alert to the symptoms in a child who has no language. The symptoms are individual, but include: difficulty concentrating, pallor, hunger/thirst, change in behaviour. If you detect these in time, you will be able to easily correct the child's blood sugar before it gets too low.

For _____ you should be alert to the following:

2. Causes

Low blood sugar can be caused by:

- Taking too much insulin
- Not eating enough
- Physical exertion with too much insulin in the body
- Psychological factors (emotions, stress, depression, infatuation, anger)
- Other:

3. Actions

Hypoglycaemia (hypo)

1. Take a blood sugar reading (if in doubt, always act as required for low blood sugar)
2. Provide a sugary drink or dextrose
3. Provide a slice of bread/crispbread if needed
4. Take a blood sugar reading 15–20 minutes after a meal or snack

If the child is poorly, you should be especially alert

- *My child takes this for hypoglycaemia (a hypo):*



Severe hypoglycaemia - insulin shock

- Phone 113 - they will guide you further
- Place the child in the recovery position (on their side, with head tilted back and knees bent)
- Phone parents/guardians
- Prevent further insulin delivery
 - never give insulin for hypoglycaemia



Hypoglycaemia is not life-threatening in itself, but must be treated by means of simple actions. Untreated hypoglycaemia can lead to severe hypoglycaemia/insulin shock which causes loss of consciousness. Never attempt to give a child food or drink if he or she is losing or has lost consciousness.

Telephone no. of

parents/guardians: _____

High blood sugar

The ideal blood sugar range is between 4 and 10 mmol/l

1. Symptoms

It is important to monitor the child's behaviour to detect high or rising blood sugar. It is especially important to be alert to the symptoms in a child who has no language. The symptoms are individual, but include: increased urination, thirst, blurred vision, difficulty concentrating, irritation. If you spot these signs in time, you will be able to easily correct the child's blood sugar before it gets too high.

For _____ you should be alert to the following:

2. Causes

High blood sugar can be caused by:

- Not taking enough insulin
- An increased insulin requirement due to illness or stress
- Other:

3. Actions

- Take a blood sugar reading (if in doubt, always act as required for low blood sugar)
- Insulin is required if the child's blood sugar is high
- Contact parents/guardians or give insulin as directed by parents/guardians
- If the child is poorly, he or she should not be left unattended, but under adult observation until the parents/guardians arrive
- Other:

In case of high blood sugar, the child will urinate more frequently



Diabetic ketoacidosis

Lack of insulin can cause diabetic ketoacidosis. This happens when ketones build up in the blood. High blood sugar, combined with poorliness (abdominal pain, nausea) may be early symptoms of ketoacidosis, and the parents must be contacted.

Symptoms may include:

- Rapid, laboured breathing
- Gradual deterioration in general condition
- Vomiting and/or abdominal pain
- Drowsiness or unconsciousness
- Breath may smell of acetone (nail-varnish remover)

Actions:

In case of suspected ketoacidosis – call 113 and otherwise take action as for high blood sugar.

Telephone no. of parents/guardians: _____

Food and drink



Keep a store in the kindergarten of extra hypo food, e.g. sugary drinks (juice, soft drinks), honey, raisins, pre-spread crispbread in packs and dextrose tablets.

All children need regular meals to maintain stable blood sugar.

Everyone needs energy, and children with diabetes do best when their blood sugar is kept stable. Children with diabetes should not skip meals, and some also need snacks between meals. They typically need an extra bread snack before physical activity and play, to avoid a hypo.

Children with diabetes must be allowed to eat if their blood sugar is low.

Like other children, children with diabetes can also enjoy extra treats once in a while – providing you give them enough insulin.

Children with diabetes can eat the same healthy food as other children.

A slip of paper showing the quantity of carbohydrates in the child's lunch box can be a big help.





Insulin must
be given in
proportion to
food intake

My everyday meals

A normal day

Different days

This is important to keep in mind on different days, such as:

- *Excursion days*
- *Reward days – food and treats over and above the norm*



The insulin dose may have to be reduced to match the level of activity

Activity

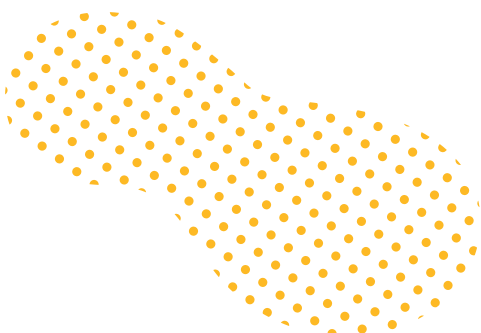


The child's blood sugar should be tested before and after physical activity.

Young children are often active throughout the day, and this affects their blood sugar. Physical activity will always affect blood sugar, but as long as you keep a close eye on them, it is safe to let children with diabetes play like everyone else.

Sometimes we might be a bit more physical active at the kindergarten, like on excursion days, sports days or the like. On these days, it's important to take a blood sugar reading before and after the physical activity. It may be wise to have a meal or snack before outdoor activities. Bear in mind that many factors affect blood sugar, which may get too high or too low even if precautions are taken. Always keep an eye on the child and keep hypo food in your pocket.

Activity is great for children, including for those who have diabetes.





When I'm active

A child's reaction to physical activity is individual and many different factors are involved.

_____ reacts to **physical activity** as follows:

- *How is their blood sugar affected?*
- *Is there anything staff should be alert to before/during/after physical activity?*

After a spell of low or high blood sugar, the child's concentration may be impaired for a while.

Ordinary days

What do you need to be aware of?

Blood sugar greatly affects the child's concentration and awareness of everyday situations.



These questions are useful to raise in discussions between the parents and the kindergarten staff.

How can diabetes affect the child's abilities and functioning?

Some important questions to ask yourself:

- Are you able to concentrate during group time, for example, when your blood sugar is high or low?
- Is the child comfortable with the toileting routines at the kindergarten?
- Does the child tend to get more tired from activity than other children due to his/her blood sugar level?
- Is the child able to achieve learning if his/her blood sugar is high/low?
- Are you able to follow instructions when you have low or high blood sugar?
- If the child is tired, might there be other causes than diabetes?



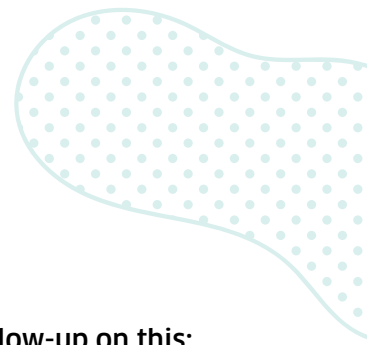
Different days

There should always be an adult in charge of a child with diabetes, with all that entails. This is especially important on days that are different, such as excursion days, end of term, parades, sports days and the like.

- Will normal mealtimes be disrupted?
- Parents should be informed in advance of any non-standard serving of food and treats.
- Will there be an increase in physical activity?
- Will you be spending time away from the kindergarten?
- Will the child be unattended at any time?
- Note that a child with diabetes should be supervised more closely during any activity.

Remember!
Extra food
and drink
for hypos!

Cooperation between the kindergarten and parents/guardians



Clarify mutual expectations – agreements

For example:

We, the parents/guardians, will support the kindergarten by following up on:

- Training in use of diabetes care devices
- Training in low vs. high blood sugar
- Action plan in the event of low blood sugar/hypos
- Availability
- Notifying absences
- Restocking the store of hypo food at the kindergarten
- Ensuring that the child has hypo snacks available and a blood glucose meter at the kindergarten

We need the kindergarten to follow-up on this:

- Allocate time for training
- Availability
- Let us know when the kindergarten's store of hypo snacks and devices needs restocking
- Information for staff – information notice in the classroom
- Maintaining a clear policy on who is responsible for where extra hypo food is to be stored
- Ensuring that a member of staff has always been tasked with responsibility for the child with diabetes
- Maintaining a clear policy on who is responsible for bringing extra hypo food, insulin and a blood glucose meter whenever the staff and children are away from the kindergarten's premises
- Notifying non-standard, 'different' days in advance
- Contacting the parents if in doubt

Other:

The rights of children at kindergartens

Anti-discrimination

As a general rule, the Equality and Anti-Discrimination Act applies at all times. Chapter 2 – Prohibition against discrimination states that any discrimination is prohibited. Disability is one of the factors it is unlawful to discriminate on the basis of.

Priority entitlement to a place at a kindergarten

Children with disabilities shall be granted priority enrolment in a kindergarten; see Section 13 of the Kindergarten Act. The preparatory documents to the Act state as follows regarding kindergarten places: The concept of disability includes various physical disabilities, intellectual disability, language and speech impairment, behavioural disorders and mental disorders. Not all disabilities give entitlement to priority enrolment. An expert body must assess whether the disability and its consequences for the child indicate a greater need for a kindergarten place than for preschoolers otherwise. If the expert's opinion is that the child's degree of disability warrants preferential entitlement, the child shall be granted entitlement to priority enrolment. Under this new provision, there is no longer a requirement for an assessment of whether the child would benefit from kindergarten attendance. The priority entitlement means that the child takes precedence before other applicants, but does not entitle the child to a kindergarten place. The priority entitlement applies solely if the child belongs to the kindergarten's designated catchment area. The local authority is responsible for ensuring that children with priority entitlement are granted a kindergarten place.

Individual accommodation

Children with disabilities are entitled to suitable individual accommodation (Norwegian: *Individuell tilrettelegging*) of local authority kindergarten facilities, in order to ensure equal developmental and activity opportunities. This applies to individual accommodation that does not impose a disproportionate burden (Section 20, Equality and Anti-Discrimination Act).

According to the Kindergarten Act, it is the local authority's responsibility to facilitate this individual accommodation (Section 19 (g) - Children with disabilities, Kindergarten Act). The individual accommodation may, for example, involve additional staff or training of staff.

Handling of medicines

As regards the handling of medicinal products such as insulin, there are no explicit provisions for this in the Kindergarten Act. The Health Centres and School Health Service is responsible for preparing routines for the handling of medicines in kindergartens and schools (see Section 8, Regulation on the Health Centres and School Health Service). It is up to this service in each municipality to prepare routines for this.






Additional information


Our additional comments:




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