

# My school day with diabetes

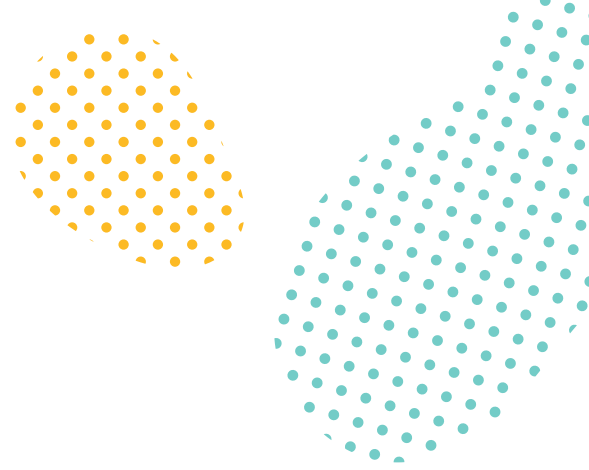


Important information for staff at:

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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 school is essential in order for children with diabetes to have a safe and stable school day of learning and interaction like all the other pupils.

The aim of this brochure is to ensure that children with diabetes receive the necessary follow-up at school. It gives school staff a simple introduction into what type 1 diabetes is, and about what measures are needed in the event of low or high blood sugar.

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



“The aim of this brochure is to ensure that children with diabetes receive the necessary follow-up at school.”

# Contact details

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

.....  
Name of parents/  
guardians:

\_\_\_\_\_  
\_\_\_\_\_

Phone number:

\_\_\_\_\_  
\_\_\_\_\_

Other contact:

\_\_\_\_\_

Other important information:

**If you have ACROBAT PRO:**

Click on the box and insert an image (jpeg, PDF, TIFF)

**If you do not have ACROBAT PRO:**

Paste a physical copy of the image or insert an image in PDF format



# What is type 1 diabetes?

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



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. Diabetes is a chronic medical condition 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

\_\_\_\_\_ uses this device.

Children who use an insulin pump should also have a pen containing fast-acting insulin with them in their school bag or at school, in case of a pump failure.

## How the device works:

- *What is important to know about the pump or pen?*

## 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

- Difficulty concentrating
- Pallor
- Shaking/tremor
- Sweating
- Numbness/tingling in lips or tongue/rapid heartbeat
- Headache
- Hunger/thirst
- Change in behaviour
- Nausea

### 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

\_\_\_\_\_ takes this for hypoglycaemia (a hypo):

If the child is poorly, he or she should not be left unattended, but under adult observation



#### 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 severe 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

- Increased urination
- Thirst and dry mouth
- Blurred vision
- Unconcentrated
- Irritable

Other:

## 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:

If the child's blood sugar is high, he or she may need to pee more frequently, including during class.



### 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 at the school 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 mealtime routines 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

\_\_\_\_\_ has these mealtime routines:

Time	Ordinary days
_____	
_____	
_____	
_____	

## Different days

- *On physical education days*
- *On food & health class days*
- *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.

### Physical education

It is important to take a blood sugar reading both before and after physical activity. Eating before physical education class can be a good idea in order to avoid a hypo.

### Swimming

It is important to avoid low blood sugar/hypos when swimming. The blood sugar reading should be at least 8 mmol/l before the pupil gets into the water, and he or she should have eaten a slice of bread or a piece of crispbread beforehand. If the blood sugar is  $<8$ , the pupil should eat something according to their parents' instructions.



Children with diabetes need to measure their blood sugar both before and after physical education classes

## When I am physically active

\_\_\_\_\_ 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?*

A child with diabetes should not be alone or unattended following 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.



Blood sugar should be measured before and after all tests

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

#### Some important questions to ask yourself:

- Can you expect a child to perform well in tests when they have high or low blood sugar?
- Can the student learn with low or high blood sugar?
- How do you cope with following instructions when you have low or high blood sugar?
- Are there cultural differences to take into consideration?



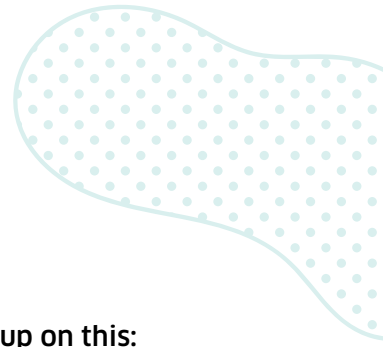
## Different days

In case of excursions, end-of-year events, ski days, swimming classes, sports days, orienteering days etc. it is important that one specific adult has been delegated responsibility for the child with diabetes as one of their tasks, with all that this entails.

Remember!  
Extra food  
and drink for  
hypos!

- Will normal mealtimes be disrupted?
- Parents should be informed in advance before serving food and confectionery at school.
- Is there an increase in physical activity?
- Will the child be unattended at any time?
- Note that a child with diabetes should be supervised more closely during physical activity.
- Travelling home: Does the child travel home from a place other than the school?

# Cooperation between the school and parents/guardians



## Clarify mutual expectations – agreements

For example:

### We, the parents/guardians, will support the school in following up on this:

- 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 Absence reporting
- Restocking the equipment stores with hypo food at school
- Ensuring that the pupil has hypo food available and blood sugar testing equipment at school

### We need the school to follow-up on this:

- Allocate time for training
- Availability
- Notify us when the equipment store of hypo snacks and devices needs restocking
- Inform the staff - information notice in the classroom
- Clear guidelines about who is responsible for where extra hypo food should be stored
- Clear guidelines about who is responsible for bringing extra hypo food, insulin and blood sugar measuring equipment when the pupils are going to be outside the classroom
- Contact in advance of different school days
- Contact parents if they are unsure
- Ensure that an adult is present during swimming

Other:

# Rights in education

## **School camp**

According to Section 2-15 of the Education Act, all children have the right to free primary and secondary education. The school undertakes to cover all costs of school camp events, including the cost of a personal attendant for a pupil as required. See Circular, F-14-03.

## **Absence for check-ups etc.**

According to Section 3-41 of the regulations pursuant to the Education Act, primary and secondary school pupils are entitled to up to 10 days of documented absence, without detriment to their academic record. Any absence should be compensated for by the child's own efforts, as facilitated by the school. For employees (parents/guardians) who have the care of the child, a carer's allowance is payable for accompanying the child to medical appointments/check-ups, according to Section 9-5 of the National Insurance Act.

## **Extended examination time**

In both primary and secondary school education, pupils may be entitled to extended examination time; see the regulation pursuant to Section 3-32 of the Education Act. Universities and colleges generally have their own regulations governing examination rights. Most colleges require a medical certificate and application for the right to extended examination time prior to commencing the academic term.








# Additional information


Our additional comments:




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