

diabetes

I N F O R M A T I O N

URGENT DIABETES HELP!

If the student is unconscious, call an ambulance and indicate to the operator that the student has diabetes.

Emergency phone number **000**



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International Diabetes Federation

Acknowledgments

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Introduction

The aim of this resource is to answer questions about type 1 diabetes, make school staff and others more comfortable about having a child with this condition in their class, and ensure that the student with diabetes will be safe at school.

Students with diabetes can do everything their peers do, but, because of their diabetes, they will need:

- Special consideration
- Extra consideration if unwell
- Special provisions when sitting exams
- Special provisions for privacy if testing blood glucose levels and injecting insulin at school
- Extra toilet privileges
- Close supervision
- To eat at additional times, especially with physical activity

Duty of Care

Schools have a legal responsibility to provide:

- A safe environment
- Adequate supervision

Where the school knows or ought to know that certain students have type 1 diabetes, additional care must be taken. Staff (**including relief staff**) need to know enough about diabetes to ensure the safety of those students (especially in regard to hypoglycaemia and safety in sport). Parents/guardians have a responsibility to advise the school of their child's medical condition and particular requirements for the management of their child's diabetes. These children require a written individual Management Health Plan. This should be attached to the student's records.



What is Diabetes?

Diabetes exists when blood glucose builds up to high levels. There is no risk of contracting diabetes from affected individuals.

There are two main types of diabetes:

1. Type 1 diabetes:

This is the form of diabetes which occurs in childhood and adolescence. Type 1 diabetes is due to a severe deficiency of insulin and is fatal without life-long insulin injections. It is an auto-immune disease in which the body's own immune system attacks the pancreas and destroys the body's own insulin producing cells.

Features include:

- Lethargy
- Weight loss
- Increased urination
- Excessive thirst

Without insulin treatment the disease progresses to a life-threatening condition marked by dehydration and a build up of acids in the blood (ketoacidosis).



Management

Insulin lowers the blood glucose levels and allows a return to good health.

Insulin is not a cure – insulin must **NEVER** be omitted.

The treatment of diabetes depends on:

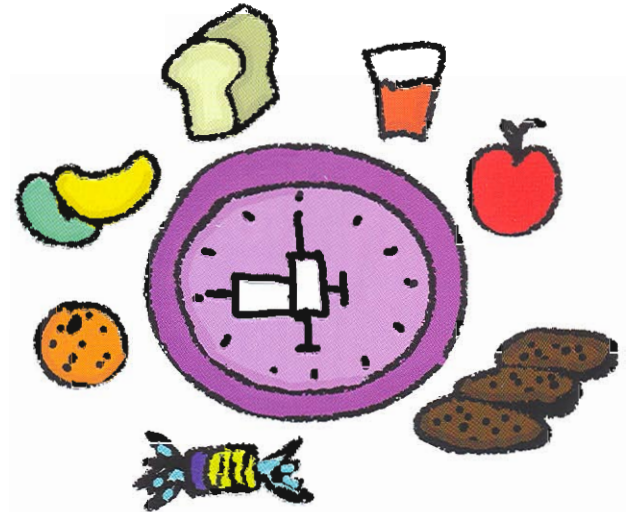
- 2 to 4 injections of insulin daily with a syringe or insulin pen or, more recently, by a continuous infusion with an insulin pump. The dose is adjusted according to blood glucose tests carried out several times a day. **These procedures are commonly required at school.**
- a regular pattern of snacks and meals.

The timing of injections and food intake is most important.

Carbohydrate foods (bread, fruit, sugar) are essential and raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so the level of glucose is neither too high nor too low is very important, but difficult to achieve. Exercising muscles use more glucose for energy and hence extra food needs to be eaten with physical activity.

2. Type 2 diabetes

This form of diabetes mainly occurs in adults. however, it is increasingly being seen in adolescents, (particularly those who are overweight). It may be accelerated by lifestyle factors (obesity, little exercise, overeating) and is treated by weight control, sensible eating, exercise, tablets and occasionally insulin injections



WHAT IS DIABETES?

Low Blood Glucose – Hypoglycaemia ‘Hypo’

A blood glucose level below 4mmol/L is too low in the child with type 1 diabetes

The causes of a hypo include:

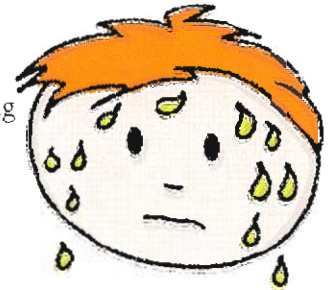
- Too much insulin
- Physical activity
- Not enough food (see Food and Diabetes)

Hypoglycaemia may occur at any time, but there is a greater chance of this happening with physical activity or before the next meal is due.

HYPOGLYCAEMIA MAY BE DANGEROUS

Signs of Hypoglycaemia

The signs may progress from mild to severe. Some children will recognise the following signs of a hypo and alert their teacher. However, many children and, particularly very young children, will not know they are having a hypo and so will rely on an informed adult to recognise and treat the hypo.



Features of a mild hypo include:

- Sweating, paleness, trembling, hunger, weakness
- Changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness)
- Inability to think straight, lack of coordination

In a moderately severe hypo additional signs develop, including:

- Inability to help oneself
- Glazed expression
- Being disoriented, unaware or seemingly intoxicated
- Inability to drink and swallow without encouragement
- Headache, abdominal pains or nausea

In a severe hypo, the signs have progressed to include:

- Inability to stand
- Inability to respond to instructions
- Extreme disorientation (may be thrashing about)
- Inability to drink and swallow (leading to danger of inhaling food into lungs)
- Unconsciousness or seizures (jerking or twitching of face, body or limbs)

Treatment is needed promptly to prevent a mild hypo from progressing to a severe hypo (see next page).

If a hypo occurs, treat the hypo as per instructions for 'hypos'.

Blood Glucose Levels and Brain Function

The brain relies on glucose for its energy supply. Thinking, reactions, abstract thought, reflexes and other aspects of brain function deteriorate if the brain is not supplied with enough glucose. This occurs when the blood glucose level is low (see hypoglycaemia). Children who do not have diabetes maintain blood glucose levels between 4-8mmol/L (approx).

As blood glucose levels fall, a series of changes occur:

- **Blood glucose 3-4mmol/L** – reflexes and reaction times progressively slow down. Signs of hypoglycaemia become increasingly evident by such changes as paleness, sweating, changes in mood and behaviour, and deteriorating performance generally. Cognitive abnormalities are detectable when blood glucose levels fall below 3.5mmol/L
- **Blood glucose <3.0mmol/L** – coma or seizures and other signs of severe hypoglycaemia can occur at any time

After an episode of hypoglycaemia, brain function may not return to normal for several hours and, even hours later, students with diabetes may not do as well as expected in school work. Moderately severe hypoglycaemia may cause a prolonged severe headache which will further affect performance.

LOW BLOOD GLUCOSE (Hypoglycaemia) may be dangerous

Treatment Of Mild To Moderate “Hypo”

Hypoglycaemia without symptoms

A blood glucose test may show a result less than 4mmol/L in the absence of hypo symptoms. Urgent treatment is still needed to prevent progression to a severe hypo. Hypos generally occur when the blood glucose falls below 4mmol/L. Mild to moderate hypos can be treated by giving sugar containing drinks or foods by mouth. Parents/guardians should provide classroom staff with their child's preferred hypo foods, or an emergency store of juice, glucose tablets or jelly beans. (Jelly beans should not be given to children under the age of 3 years due to the risk of choking).

The essentials in the treatment of mild to moderate hypos are to:

1. Act swiftly

Sometimes a student will do a blood glucose test at school to confirm a hypo, however, it is important not to waste time. If in doubt, TREAT. Do not leave anyone having a hypo alone or send them away for treatment by themselves. An adult needs to stay with the student at all times to make sure the food or drink is actually consumed and the hypo is successfully treated.

2. Give easily absorbed carbohydrate, any ONE of the following:

- Fruit juice ($\frac{1}{3}$ to $\frac{1}{2}$ glass or 125-200ml)
- Sugar containing soft drink ($\frac{1}{3}$ to $\frac{1}{2}$ can or 125-200ml)
- Glucose tablets or glucose gel equivalent to 10-15 grams
- Sugar, honey, sweetened condensed milk or jam (2-3 teaspoons)
- Jelly beans (4 large or 7 small)

Repeat this treatment if there has been no response within 10 to 15 minutes.

Note: Often the student may be uncooperative during a hypo and two people may be required to help ensure the student takes the carbohydrate.



3. Follow up by giving extra carbohydrate

When recovery begins to occur (usually within 10 to 15 minutes) give extra carbohydrate foods (e.g. sandwich, biscuits – equivalent to 1 slice of bread or a piece of fruit). For very small children, half this amount is sufficient. These foods will provide a more sustained release of carbohydrates and maintain the blood glucose level in the normal range.

4. Supervision

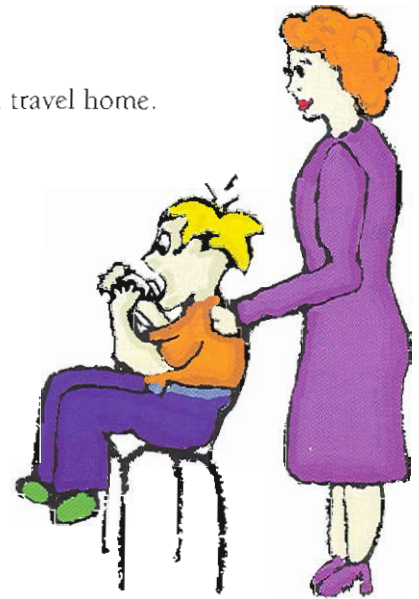
Adult supervision is needed until the student has recovered. If symptoms improve, the student may return to normal activity in approx 15-30 minutes. If no improvement is apparent in this time, repeat the treatment. If symptoms remain, notify the parents/guardians or transfer to a hospital by ambulance.

5. Recovery

Some children take longer to recover and may not be able to concentrate for up to 30 minutes following the hypo. Headaches are common after hypoglycaemia.

6. Notify parents/guardians

Advise the parents/guardians about the hypo and do not allow unaccompanied travel home.



TREATMENT OF A MILD TO MODERATE 'HYPO'

Treatment Of A Severe 'Hypo'

Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow in case it is inhaled. The only treatment for a severe hypo is either an injection of glucose into the vein (this can only be given by a doctor or a trained paramedic) or an injection of Glucagon given by doctors, paramedics, a school nurse or the parents (see below).

In a severe hypo:

- Lie the student on one side and protect from injury if thrashing about
- If the student is unconscious or having a seizure, perform first aid, checking the **airway and breathing**. Check the mouth is clear to allow unobstructed breathing. Skin colour should remain pale to normal if the student is breathing properly.

Occasionally, children may develop illnesses which cause nausea and vomiting. Food may not be absorbed and a low blood glucose will result. Urgent hospitalisation is required to prevent a severe hypo.



DIAL 000 TO CALL AN AMBULANCE
AND INFORM THE OPERATOR THAT
THERE IS A DIABETES EMERGENCY



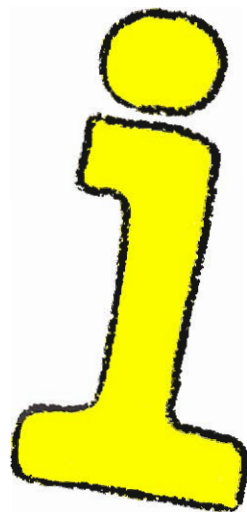
DIAL 000

Glucagon

Glucagon is a hormone which raises the blood glucose within 10 minutes. It needs to be given by injection and its effect lasts for about $\frac{1}{2}$ an hour, then giving enough time for the student to take food/drink by mouth. Families will have Glucagon for such emergencies and will know how to give it. At present it is not essential that school staff give Glucagon but they must know how to place the student in the recovery position and administer first aid during a severe hypo. In some situations, if staff are willing, the injection of Glucagon can be taught by a parent or relevant health professional.

Glucagon is dispensed as a hypo kit which contains a dry powder in an ampoule (1 unit or mg per vial) together with a prefilled syringe containing the liquid (1ml) needed to dissolve the powder. The Glucagon powder dissolves within seconds. It can then be drawn up in the same syringe and injected (preferred sites are the outer aspect of the arm or front of the middle of the thigh). If the student is thrashing about two people may be needed to give the Glucagon. The dose of Glucagon depends on the age of the student: Under 5 years of age, $\frac{1}{2}$ mg or half the contents of the ampoule, and over 5 years, 1 mg or a complete ampoule.

Sugar containing drinks or some easily absorbed carbohydrate need to be given slowly as the student recovers in order to prevent a recurrence of a severe hypo. Vomiting is a common side effect of giving Glucagon.



High Blood Glucose (Hyperglycaemia)

High blood glucose levels can be caused by:

- Not enough insulin
- Too much food
- Common illness – e.g a cold
- Stress

If the levels are high, the following signs will occur:

- Frequent urination
- Excessive thirst
- Lethargy
- Change in behaviour (usually irritability)
- Headache

Staff often become aware of these signs when the student constantly asks for permission to go to the toilet. If this occurs, the parents/guardians should be notified. When the blood glucose level is over 15 mmol/L always allow the student plenty of fluids such as water to drink, and allow extra toilet privileges. High blood glucose levels will often resolve with no intervention, however, if the child reports feeling sick and/or is vomiting the parents should be contacted.



Sick Days

If feeling unwell the child should sit quietly with an adult nearby. The parent/guardian should be notified.

- Students with diabetes should never be sent to sick-bay alone or left unattended when feeling unwell
- Vomiting is a danger signal
- Students with diabetes who are unwell, and especially when vomiting, need to be seen by a doctor urgently.
- If parents or guardians are not available, contact the child's GP or transfer by ambulance to hospital

During illness (e.g. influenza, tonsillitis) the body needs more insulin and diabetes control becomes less stable for a period of time. Unless more insulin is taken, not only will blood glucose levels rise, but a life-threatening condition called ketoacidosis can develop.

The signs indicating that ketoacidosis may be developing include:

- Rapid laboured breathing
- Flushed cheeks
- Abdominal pains
- Sweet acetone-smell to the breath
- Vomiting
- Severe dehydration

Hospitalisation is needed urgently. This is often the mode of presentation in a previously undiagnosed student with diabetes.



HIGH BLOOD GLUCOSE (Hyperglycaemia)

Food And Diabetes

The control of diabetes depends on balancing the effects on the blood glucose of:

- Carbohydrate food
- Exercise
- Insulin

Maintaining this balance, so the level of glucose in the blood is neither too high nor too low is very important but difficult to achieve.

A regular intake of food is vital to avoid hypoglycaemia. Care should be taken to ensure that all snacks and meals are eaten. Permission should be sought from the bus company so that children may be allowed to eat snacks whilst travelling on buses.

Food and Diabetes

The foods recommended for diabetes are based on the same healthy eating practices recommended for all students. For younger children, parents/guardians should provide the school with the right type and amount of food and drink needed by their child.

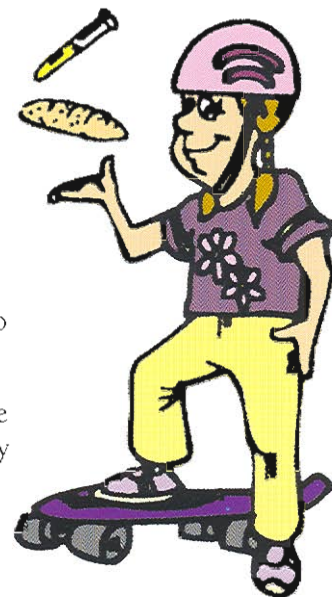
If any difficulties are noted with meals or snacks, the parents/guardians should be notified.

Meals

Important considerations include:

- Type of food – Food containing carbohydrates must be eaten at each meal.
- Quantities – The amount of carbohydrate foods at each meal is also important and meals should never be skipped.
- Timing of meals – Most children with diabetes require 3 main meals (breakfast, lunch and evening meal) and 3 snacks (morning, afternoon tea and at bedtime). If the interval between meals and snacks is too long, an additional snack may have to be eaten to avoid hypoglycaemia.

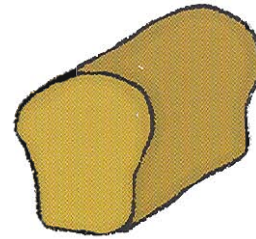
Very young children may require extra supervision at meal and snack times. Most students will have an eating pattern that fits in with regular school routines, avoiding the need to eat regularly in class or at odd times. Students with diabetes cannot delay meal times. If an activity is running overtime, they may need to eat during the activity.



Examples Of Carbohydrate Foods

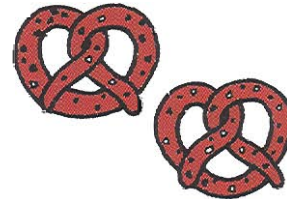
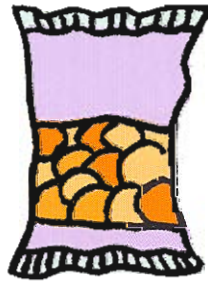
The following foods are a good source of carbohydrate which is important for managing blood glucose levels (see also section on carbohydrate under Hypoglycaemia).

- Bread, English muffins, fruit bread
- Fruit (fresh, canned and dried)
- Cereals
- Milk, low fat flavoured milk
- Biscuits and crackers, pretzels, microwave popcorn, potato crisps
- Pasta, noodles, rice
- Baked beans
- Low fat ice-cream/yoghurt



Coeliac Disease

Coeliac disease is a condition where the lining of the small intestine is damaged due to a sensitivity to a protein in food, called gluten. Coeliac disease occurs more frequently in people type 1 diabetes. The management of diabetes and coeliac disease includes the lifelong removal of all gluten from the diet.



Camps

School Camps

Camps enhance self-esteem, are fun, and promote confidence and independence. Students with diabetes can participate fully in a camp program. Usually students attend camp when they are reliably independent in the care of their diabetes. This includes the ability to:

- Inject insulin
- Do blood glucose tests
- Recognise and treat hypos early
- Understand their food plan
- Understand the need for meals to be on time
- Understand the need for extra food before, during and after physical activity



Parents/guardians need to meet with the organisers well beforehand to discuss any special needs e.g. Coeliac Disease. It is extremely useful for parents to be given copies of the camp menu and camp program in advance. With forward planning and effective communication it is possible for all children to attend camp. Having diabetes should not be a reason for excluding these children from camp. Occasionally a parent/guardian may be invited to attend the camp if the student with diabetes is not fully independent.

Staff need to know about:

- Food planning (especially the need for carbohydrates with all meals and snacks)
- Prevention of hypos
- Blood glucose testing and insulin treatment
- Recognising and treating hypos (including the management of severe hypoglycaemia with Glucagon)
- High blood glucose levels and sick-days
- When to call for help and any emergency medical evacuation details
- The importance of supper and the need for extra carbohydrate if the bedtime blood glucose level is less than 7mmol/L

In general, the student's friends and room mates should be aware of the diabetes, however, it is **essential** for all members of staff to be aware. The extra physical activity, change in routine and the excitement of camp increases the risks of hypos. Insulin dosages are usually reduced by 20-30%, however staff are not expected to be involved with adjusting doses. The child should be in daily contact with their parent by phone to assist with these adjustments. Carbohydrate foods (e.g. bread) should be served at every meal and snack-time. Meals need to be served at regular times. Additional carbohydrate foods are needed for physical activity and must be readily available where the physical activity is taking place (dried fruit is excellent).

Diabetes Supplies for Camping include:

Insulin, injection devices (e.g. syringes, pens, pumps), Glucagon, blood glucose meter, test strips, urine test strips, hypo foods, extra snacks if needed, to complement the camp menu, contact details of doctor/hospital and a means to keep the insulin cool in hot weather if a refrigerator is not available.

Diabetes Camps

Diabetes Camps for children and teenagers are held annually. Details of times, venues, ages catered for and costs may be obtained from Diabetes Australia, Juvenile Diabetes Research Foundation or Diabetes Centres. These camps are specifically designed for students with diabetes and are run by health care professionals knowledgeable in diabetes.

School Excursions

Planning is the key to trouble-free school excursions. Details which need to be considered include:

- Timing of meals
- Timing of insulin injections, management of the insulin pump and blood glucose tests
- The need to carry an adequate supply of food (e.g. sandwiches, crackers, biscuits, dried fruit) without relying on being able to purchase food when needed

Buses

Permission should be sought from the bus company so that children may be allowed to eat snacks whilst travelling on buses. A 'bus card' is available from Diabetes Australia.

Special Occasions

If there is a special occasion or party coming up in class where "treats" are to be served, it is important to talk to the family first, if possible. This allows the family to discuss the options, such as what foods they are happy for the child to have or to think of alternatives that all the children can enjoy. Foods like sandwiches, pizza, popcorn, fruit and ice-cream are all suitable. Low joule (diet) soft drinks can be provided or brought from home if desired.

Children or young people with diabetes are likely to feel very different and left out if they are unable to join in the festivities with their classmates. It is also important to have diet drinks available on special occasions. When giving special rewards it is best not to use lollies or sweets as it can be extremely upsetting for a student to miss out on a reward because they have diabetes!



Physical Activity and Diabetes

The student with diabetes should be encouraged to exercise because it:

- Improves fitness and wellbeing
- Encourages a lifelong healthy lifestyle
- Builds self-esteem, confidence and teamwork
- Improves the action of insulin and enhances blood glucose control

Physical Activity and Hypoglycaemia

Exercising muscles use more glucose for energy. This may cause the blood glucose to fall during, immediately after, or, in the case of prolonged or intensive exercise, several hours afterwards. To prevent hypoglycaemia, extra carbohydrate needs to be eaten before exercise begins. If the physical activity is intensive and sustained, extra carbohydrate will be needed for each hour of exercise. If the sport has been particularly vigorous or lengthy, extra food may be needed after the sport as well.

Good sources of carbohydrate for sport

- Bread
- Fruit
- Fruit juice
- Plain biscuits
- Fruit bars/muesli bars
- Low fat milk/yoghurt
- Fruit sticks
- Mini chocolate bar



Food for Continuing Physical Activity

If a student has had a very strenuous day of physical activity e.g. an all day walk or a tennis competition, extra carbohydrate food will also be required after the exercise. This may even be needed before bedtime to avoid a delayed hypo occurring during the night.

Insulin Adjustment and Physical Activity

Parents should be informed in advance of scheduled intensive physical activity. This allows the parent to adjust insulin doses and provide extra food.

Physical Activity and High Blood Glucose Levels

Physical activity is not recommended during poor diabetes control when blood glucose levels are high. Parents/guardians will advise the school if physical activity should not be undertaken. (See Hyperglycaemia)

Special Precautions for Physical Activity

- Food/drinks for the treatment of hypoglycaemia need to be available at the place of physical activity and sport and not at some distance away
- Students with diabetes need additional supervision during physical activity. The younger student may also need to have meals supervised, especially before physical activity
- Sports uniforms/clothing should have a pocket to allow a student with diabetes to carry emergency hypo food (e.g. jelly beans)
- Any sport in which a hypo would cause a risk to either the student or someone called upon to help (e.g. abseiling, rock climbing), should be modified or only be considered after careful planning and always occur under strict supervision
- Water sports need very careful planning and supervision because a hypo increases the risk of drowning and some features of hypoglycaemia maybe masked by cooler body temperatures experienced during water-based activity
- A child using an insulin pump may need to remove the pump but not the tubing when playing contact sports or swimming



Diabetes Management at School

Insulin Treatment

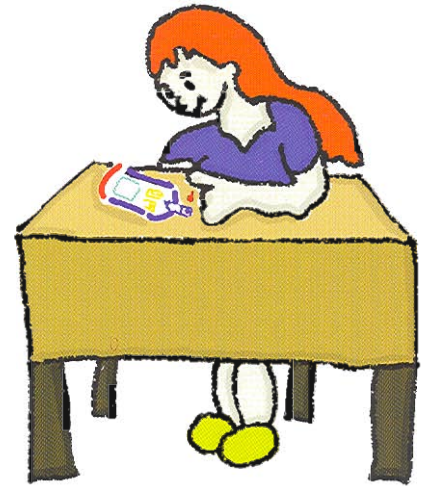
It is common practice that insulin treatment occurs at school in all age groups including pre-schools. This insulin will either be given as an injection, most commonly before lunch, or, by a continuous infusion via an insulin pump. Primary school aged children must be supervised when administering insulin. In some cases the parent will administer the insulin if the child cannot do this independently.

Staff who are supervising insulin injections will need instruction on doses, use of delivery devices, and action to be taken in the case of a low blood glucose level or hypo. There must also be a negotiated management health care plan detailing procedures. Where schools do agree to a request for staff to give injections, appropriate training from medical personnel is required.

High school students can determine doses and administer insulin independently. They usually do not need adult supervision but will require an easily accessible private place to give their injection, such as sick bay.

Blood Glucose Testing

Most students will know how to prick their finger and measure the blood glucose using their own blood glucose meter, however, a young child, and any child having a hypo, will need assistance in performing the blood glucose test and interpreting results. Staff who are assisting with blood glucose testing should have instruction. This can be demonstrated by the parent and child. Gloves should be worn and care taken with infection control procedures. Doing blood glucose levels in the classroom can also help classmates become aware and used to what is involved in looking after diabetes, and to see it as something that the child or young person has to do every day. It is safer for the child to test in class to avoid walking to the office when their BGL might be dropping. Testing in class also avoids missing classwork.



Identification

The child should always wear some form of identification bracelet or necklace noting that they have type 1 diabetes.

Examinations and School Performance

- Students perform best at examinations when their diabetes is in good control.
- When blood glucose levels are high, there is a need to urinate more frequently. Easy access to toilets needs to be granted.
- High blood glucose levels, associated with poor diabetes control, may also affect brain function but the effects are not as clear cut as with low levels. High levels may be accompanied by an inability to concentrate and mood changes (especially irritability).
- High blood glucose levels may impact adversely on other areas of school performance e.g. sport.
- When blood glucose levels are low, the brain is deprived of glucose for energy causing cognitive changes – (see Hypoglycaemia).
- Blood glucose monitoring should be made available to students with diabetes in the classroom, particularly during examinations.
- Students with diabetes should be given access to food to treat hypoglycaemia during tests or examinations.

Special provisions for external examinations are available for students with diabetes in most States or Territories. These provisions need to be applied for in writing well before the examination date. *Contact Diabetes Australia, Juvenile Diabetes Research Foundation or the Education Authority in each State or Territory for more details.*

Relief Teachers

It is essential that relief teachers are informed that a child with diabetes is in the class. Many classes are placing the contact detail sheet and Fact sheet for Support Persons "What is Hypoglycaemia" in the class register where there is a child with diabetes present. Relief teachers should know what to do in the event of a hypo - how to treat, where the hypo food is and who to contact in the event of an emergency.

School Attendance and Absenteeism

Students whose diabetes is well controlled are no more liable to infections than other students. School attendance is therefore largely unaffected apart from routine doctor or clinic visits every few months. Occasionally, unstable diabetes will lead to hospital admission or more frequent visits to the doctor or clinic for a period of time. It is uncommon for diabetes to be the cause of significant absenteeism.

Diabetes control is commonly less stable during puberty. The changing hormonal patterns are partly responsible. The emotional turmoil of adolescence contributes by making it more difficult to adhere to diabetes routines, treatment and testing schedules.

Boarding Schools

Students with diabetes can attend boarding schools. Parents or guardians need to inform the school administrators, nurse, catering officer and school doctor about their child's diabetes management. An individual management health care plan needs to be formulated with the staff.

Details of emergency contacts (e.g. diabetes centre, specialist, hospitals) and arrangements for sick days need to be provided **before** the initial attendance at school. Clear guidelines need to be available. The school nurse should be supplied with Glucagon (and the authority to use it) for an emergency caused by a severe hypo, as well as urine / blood ketone testing materials for use on sick days.



Family and Type 1 Diabetes

The Impact of Diabetes on the Student and Family

Diabetes treatment is lifelong, continuous and frequently frustrating for the child and family. The demands of diabetes are relentless and can cause enormous stress on students, their parents or guardians and the rest of the family.

A diagnosis of diabetes may create emotional issues for children and young people. Following diagnosis children or young people may experience a range of emotional reactions which may include:

- Feelings of sadness, anger, fear and guilt
- Worrying about what diabetes means for them
- Fear about whether they will be alright
- Fear about returning to school
- Concern about whether they will manage without mum and dad
- Fear as to whether the teachers will know how to look after them

It is important that the child knows that the teachers and school staff are educated about diabetes and that assistance is available if they need help. Having the child present during education of the teachers, and discussion of the Management Health Care Plan can help to alleviate some of the child's fears about their safety at school.

Some children or young people may pretend they don't have diabetes. They may try to ignore it by:

- Not thinking or talking about it
- Feeling embarrassed and hiding their diabetes from their friends and peers
- Feeling different, particularly if they are the only ones in the family or school with diabetes
- Worrying about developing one of the long-term complications of diabetes (blindness, kidney failure, nerve damage and gangrene)

This uncertainty can cause great anxiety and impacts on the day-to-day well-being and the psychological development of the student and family. Parents should be contacted if there is concern about how the child is coping at school.

Siblings

It is important for members of staff to be aware of the emotional stresses faced by siblings of students with diabetes. Siblings should not be expected to take the responsibility of supervising their brother/sister with diabetes at school.

Feeling different

Children and young people with diabetes have to do fingerpricks, may need to administer injections at lunchtime at school, and eat on time. All these things can make them feel very different from their friends and other classmates. Having diabetes may also lead to some children or young people being treated differently by friends or classmates. They may be treated as though they are "fragile", need to be constantly monitored or watched, or need things organised for them.

Other Issues

High or Low?

Children with diabetes may sometimes pretend to feel low or high to get out of class, to get out of an activity they don't like or simply to get attention! Most children with diabetes do not want to be different or treated differently because they have diabetes.

Being high or low can have an impact on a child's behaviour in the classroom. This may include:

- lack of concentration
- being irritable
- being restless or agitated
- being argumentative
- being tired
- asking to go to the toilet or have a drink

The teacher should speak with the child's parents if they have concerns. It is important that the child's request to drink, go to the toilet or check their blood glucose level is not ignored

When a child or young person with diabetes has high or low blood glucose levels they may experience some difficulty with concentration. This may mean that the teacher may need to repeat things or provide some extra help with school work. However, it should not be assumed that all school or behavioural difficulties are caused by diabetes.

Bullying and Teasing

Children and young people with diabetes may be at risk of becoming targets of bullying or teasing by classmates. They can be targeted for things such as having to check their BGL, having to give injections or not being able to eat some foods. A common bullying issue for children and young people is being called a "druggy" for using needles. In some situations children who are being bullied may be less likely to adhere to their diabetes, such as not doing their BGL or their injection. They may not want to draw attention to themselves when they have a hypo.

Common reactions are:

- Will my friends treat me differently?
- Will my friends still want to play with me?
- Being uncomfortable about other classmates talking about them
- Being the centre of attention.

Ways to help the Child

- Talk to the child or young person and their parents before class, to establish how they are feeling about school and be aware of any worries that they may have.
- Explain diabetes to the child's friends or classmates, and encourage them to watch out for the child with diabetes (ensuring that they don't become intrusive).

Educating other students about Diabetes

- Educating students is important and can help to answer any misconceptions
- Some children or young people like to tell their classmates about diabetes as part of news, others prefer to be more private and just tell a few close friends.
- Showing the DVD "Professor Bumblebee's Guide to Type 1 Diabetes" produced by Diabetes Australia-NSW to the class may help
- Look at the website www.diabeteskidsandteens.com.au with interactive games around diabetes.

Communication and Teamwork between Schools and Parents

- Effective communication is important when making decisions about the management of the child's diabetes at school.
- If clarification is required about the child's diabetes management, or there is concern about the child's behaviour or emotional health it is helpful to discuss this with their parents.
- Each child or young person with diabetes is an individual and there are differences in management between each child with diabetes as well as between children and adults.
- Well meant advice given based on "previous experience of diabetes" should be avoided

Contact Diabetes Australia in your State or Territory, The Juvenile Diabetes Research Foundation or the child's diabetes team through the family for further information.