

STUDENT HEALTH SERVICES – DIABETIC STUDENTS

Background

The Superintendent recognizes that staff members do not generally possess the expertise required to determine the need for, or the appropriate means of caring for diabetic students. Nevertheless, under circumstances that are deemed exceptional by the Principal, a staff member may be required to take action in order to preserve the life or physical well-being of a diabetic student.

Procedures

1. When a teacher has a diabetic child in class, the teacher shall interview the parent or guardian, preferably with the child, in order to become familiar with possible problems that may develop either in class or during non-instructional times.
2. All diabetic children in a school must be identified to all staff with whom they come into contact.
3. The usual diabetic problem such a child is likely to have in school will be an Insulin (hypoglycemic) reaction.

SYMPTOMS OF A HYPOGLYCEMIC REACTION

Early Symptoms	Late Symptoms
Trembling Numbness	Poor Orientation
Sweating Tingling of mouth/fingers	Loss of memory
Weakness Blurring of vision	Unconsciousness
Drowsiness Abnormal gait	Convulsions
Headache Abnormal behaviour	

4. Abnormal behaviour may be the first sign and may consist simply of confusion, poor work, or poor handwriting which deteriorates quickly over a few minutes. Not all of these symptoms will be recognizable by the teacher. However, if any of these are apparent, sugar in any form is the correct treatment and should be given immediately (sugar, candy, sweetened fruit juice, or carbonated drink). If the reaction has not developed too far, the child will return to normal within ten or fifteen minutes. During this time the child should be kept still and preferably in class. This child must never be sent out of the room without supervision. If the reaction is a major disturbance to the work of the class, the child is to be removed to a supervised infirmary.
5. The child must never be sent home unsupervised until completely recovered from the reaction; having recovered, there will likely be no need to sent the child home.
6. It is never wrong to give a diabetic child sugar if a reaction is suspected. It will not cause the child any harm and may well avert more serious trouble.

7. Staff are not to be unduly alarmed by the onset of insulin reaction; virtually every well-controlled diabetic had mild reactions and these will pass off in some ten to fifteen minutes if sugar is taken.
8. Insulin reactions do not occur frequently, however. They are usually brought on by:
 - 8.1 more exercise than usual;
 - 8.2 delay in getting meals or an inadequate meal; or
 - 8.3 excessive insulin dosage.
9. Parents must be informed of all insulin reactions and escalating occurrences shall result in a parent-staff team meeting to discuss possible student program changes involving athletics or others changes as might be appropriate.
10. If a child having developed an insulin reaction is unable or unwilling to swallow sugar, the situation is to be considered an emergency. The Principal shall take whatever action is deemed necessary to get the student to the nearest health care personnel or facility.
11. Inasmuch as failure to recognize the onset of an insulin reaction and failure to treat such may have serious consequences for the child, staff must treat children with symptoms which may be due to an insulin reaction as having such with the oral administration of sugar in some form.

Reference: Section 18, 20, 45, 60, 61 School Act
Emergency Medical Aid Act