School/daycare Protocol

Use the information in this guidebook to complete the individual care plan from the bilingual Diabetes at school website. https://www.diabetesatschool.ca/tools/individual-care-plan

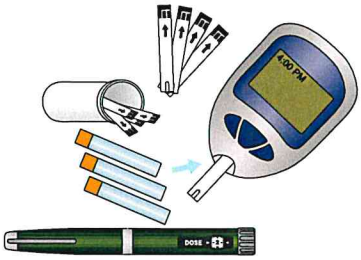
We recommend that parents read it and start completing it before the meeting with the school.

Parents need to organize a meeting with the school at the diagnosis before the start of each school year and as needed. The school nurse should be present and key people from the school such as school director, teachers, gym class teacher, child care services, secretary, etc.

Parents are responsible for showing the school how to do a blood sugar, how to give insulin injections, how to treat a hypoglycemia, how to use a continuous blood glucose monitor, etc. Parents must also provide the insulin dose sheet for lunch and snacks.

What to discuss and bring to the school or daycare

1. **Blood sugars and insulin injections before meals and snacks**

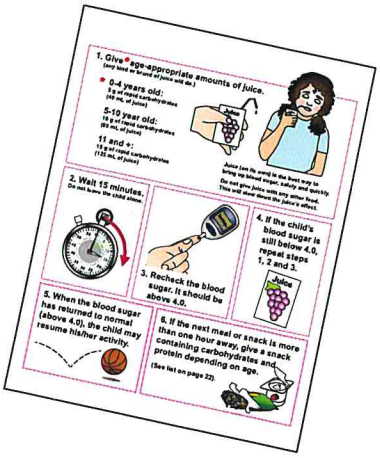


- Find out who will be responsible for doing the blood sugar checks and insulin injections. Or,
- Find out who will be responsible for supervising your child during blood sugar checks and insulin injections.
- Where will it be done?

It is the parent's responsibility to give an up-to-date dose sheet to the school each time a dose adjustment is made for lunch and snack insulin doses.

2. **Handling an episode of hyperglycemia (high blood sugar)**

- There is nothing to do or worry about.
  Extra physical activity is not required.
- The child may feel thirsty and may need to urinate more often. He should be allowed to have water to drink and to go to the bathroom as needed.
  Ketones do not need to be checked at school when doing insulin injections.



3. **Handling an episode of hypoglycemia (low blood sugar)**

- Follow the Low Blood Sugar (Hypoglycemia) Protocol.

4. Gym class

Physical activity management

Check the blood sugar
before a physical activity.

If the blood sugar is **3.9 mmol/L or less**,
follow the hypoglycemia protocol.

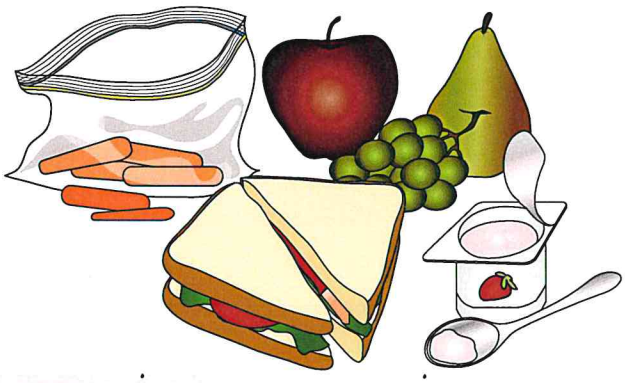
If the blood sugar is **between 4 and 7.9 mmol/L**,
eat an age-appropirate snack.
Do not give rapid-acting insulin.

If the blood sugar is **8 mmol/L or more**,
the child can do the activity. No other action is needed.

If the activity lasts more than 1 hour, check the blood sugar every hour.

Find out who will be responsible for following the guidelines above.

5. Snacks and lunch



- Allow enough time to eat snacks and meals.
- Find out who will be responsible for making sure that snacks and meals are eaten and blood sugar and insulin are taken.
- Do not remove food. The child can eat lunch and snacks normally even if the blood sugar is high.

Do not eat food with carbohydrates 2 hours before a meal.
This is to prevent the carbohydrates from affecting the meal blood sugar (unless you need to treat a hypoglycemia).

- Some families count carbohydrates and others don't.

Management of the lunch insulin dosage:

Follow the insulin dose sheet given by the parent.

If blood sugar before lunch is **3.9 mmol/L or less**: Follow the hypoglycemia protocol.

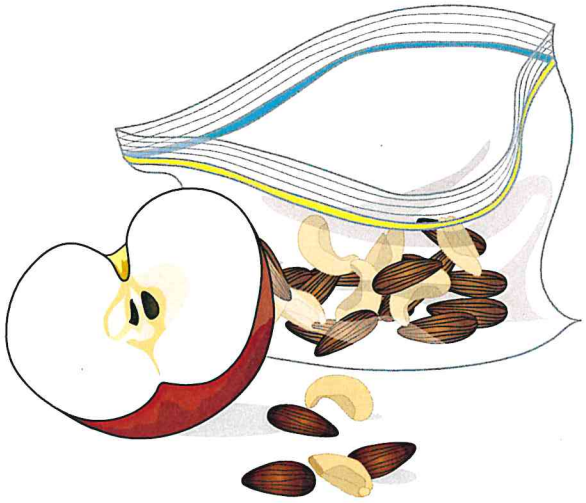
When the blood sugar is **4.0 mmol/L or more**, use the first low blood sugar reading to determine the rapid acting insulin dose to be given.

Give the rapid-acting insulin injection.

The child can eat lunch.

Snacks during the day

Snacks with no carbohydrates:
Eat anytime before or after a meal.
You do not need to check blood sugar.
No rapid-acting insulin required.



Snacks with carbohydrates:
Eat 2 hours or more **before** a meal.
Eat 1 hour or more **after** a meal.

Check blood sugar before eating.
Follow instructions depending on blood sugar result.

For example, breakfast is at 7:30 AM, and lunch is at 12:00 noon. You can have a snack with carbohydrates until 10AM. Remember to check your blood sugar before you have your snack.

If the blood sugar is **3.9 mmol/L or less**, follow the hypoglycemia protocol.

If the blood sugar is **4 mmol/L or more**, give rapid-acting insulin.

6. Illness

- Contact parents to come pick up the child.

Vomiting (gastro or stomach flu) can become an emergency for a child with diabetes. Contact parents immediately.

7. Supplies

The school should always have the following items:

- Glucagon/glucagen or Baqsimi
- Juice boxes
- Blood glucose meter and strips
- Insulin and pen needles,
- Individual care plan
- Extra snacks
- Insulin dose sheet

8. Important Contact Information

Parents:

_____

_____

_____

_____

Questions or concerns?
Do not hesitate to contact the diabetes nurses at:
514-412-4400, ext: 22860

Emergency?
Call 514-412-4400, ext: 53333.
Ask for the pediatric diabetes doctor on-call.

Low blood sugar (hypoglycemia) protocol

What is hypoglycemia?

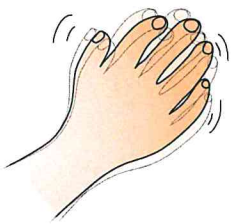
Hypoglycemia is defined as a blood sugar level that is less than 4.0 mmol/L.

What may have caused this?

- Missed meal or snack
- Activity or exercise without compensating with an extra snack
- Vomiting
- Insulin dose too strong

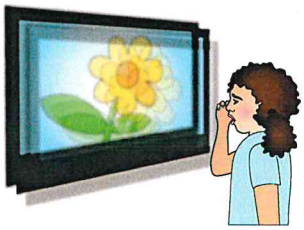
What are the signs and symptoms?

An older child might report symptoms. However, this is not necessarily the case for a younger child.



Trembling

Extreme tiredness and paleness



Blurred vision

Dizziness

Mood changes

Sweating

Hunger

Headaches

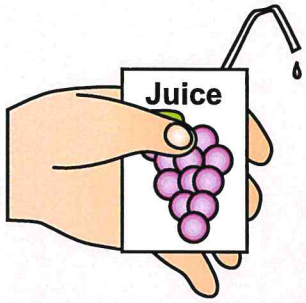
Whenever in doubt, check the blood sugar. If it is not possible to check the child's blood sugar, assume the child has hypoglycemia.

How do I treat hypoglycemia in a conscious child?

Follow the protocol below, even if the child is showing no signs of low blood sugar. Supervise and make sure that all meals and snacks are eaten as per the parent instructions.

1. Give * age-appropriate amounts of juice.

(any kind or brand of juice will do.)



*** 0-4 years old:**
5 g of rapid carbohydrates
(40 mL of juice)

5-10 year old:
10 g of rapid carbohydrates
(85 mL of juice)

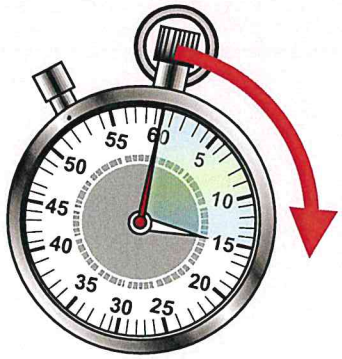
11 and +:
15 g of rapid carbohydrates
(125 mL of juice)

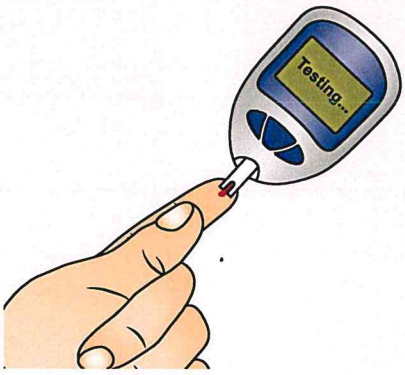
Juice (on its own) is the best way to bring up blood sugar, safely and quickly.

Do not give juice with any other food. This will slow down the juice's effect.

2. Wait 15 minutes.

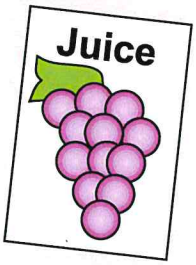
Do not leave the child alone.



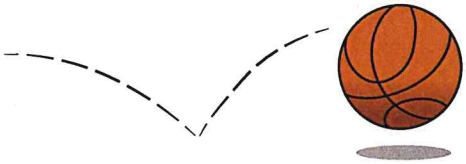


3. Recheck the blood sugar. It should be above 4.0.

4. If the child's blood sugar is still below 4.0, repeat steps 1, 2 and 3.

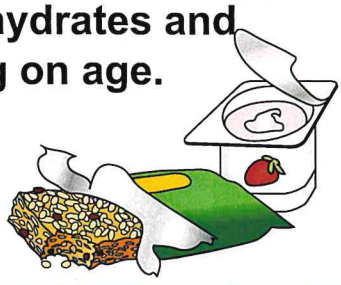


5. When the blood sugar has returned to normal (above 4.0), the child may resume his/her activity.



6. If the next meal or snack is more than one hour away, give a snack containing carbohydrates and protein depending on age.

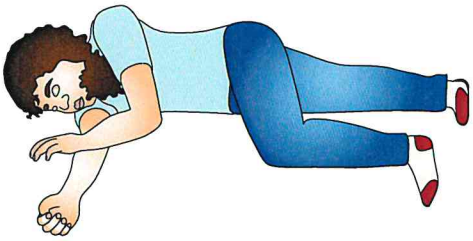
(See list on page 22).



How do I treat hypoglycemia in an unconscious child?

1. If the child is unconscious, having a seizure, or unable to swallow:

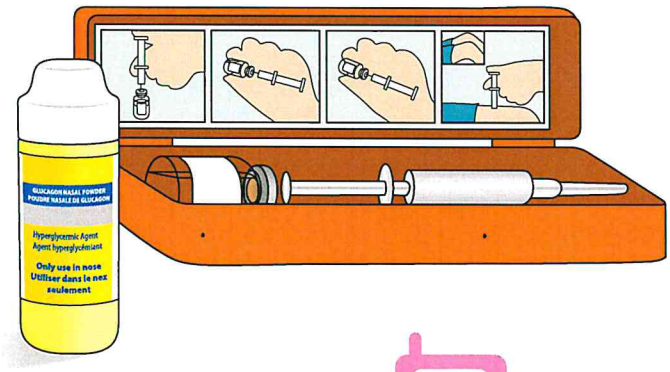
- Roll the child their side
- Keep the child on the side lying-position
- Do not give anything by mouth (risk of choking)



2. Call 911

3. Administer glucagon if provided. Training is required.

Glucagon is a hormone. It has the opposite action of insulin. It will bring up the blood sugar and it is safe to give.



4. Call the parents.

5. When the child has recovered consciousness, offer sips of juice unless vomiting.