

Christ the Teacher Catholic Schools

ADMINISTRATIVE PROCEDURES

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| SECTION: | 300 – STUDENTS | CODE: | AP 315 |
| PROCEDURE: | HYPOGLYCEMIA | | |

BACKGROUND

The Division 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.

Hypoglycemia is an emergency situation caused by LOW blood sugar. The situation can develop within minutes of the child appearing healthy and normal. Insulin reactions do not occur frequently, however. They are usually brought on by:

- ♦ More exercise than usual;
- ♦ Delay in getting meals or an inadequate meal; or
- ♦ Excessive insulin dosage.

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.
4. Prevention
 - 4.1 Know the names of students with diabetes under your supervision.
 - 4.2 Encourage the student to tell you when he/she ‘feels low’.
 - 4.3 Ensure that the student completes all meals/snacks on time during the school day.
 - 4.4 Ask parents to supply the school with enough fast-acting sugar for the prevention and treatment of hypoglycemia. Store the supplies in a safe accessible location.

5. Hypoglycemia (Low Blood Glucose) – An Emergency

Mild to moderate hypoglycemia is common in the school setting. School personnel need to know the causes, symptoms and treatment of hypoglycemia. Symptoms of mild to moderate hypoglycemia can be misinterpreted by school personnel. The nature of the emergency is often misunderstood, placing a student at serious risk. The following chart is a guide to be consulted.

| Causes | Symptoms | Treatment |
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| <p>Low blood glucose usually develops as a result of one or more of the following:</p> <ul style="list-style-type: none"> ◆ Insufficient food due to delayed or missed meal ◆ More exercise or activity than usual without a corresponding increase in food; and/or ◆ Too much insulin | <p>A person who is experiencing hypoglycemia will exhibit some of the following signs:</p> <ul style="list-style-type: none"> ◆ Cold, clammy or sweaty skin ◆ Pallor ◆ Shakiness, lack of coordination (e.g. deterioration in writing or printing skills) ◆ Irritability, hostility, and poor behaviour ◆ A staggering gait ◆ Eventually fainting and unconsciousness <p>In addition the child may complain of:</p> <ul style="list-style-type: none"> ◆ Nervousness. ◆ Excessive hunger ◆ Headache ◆ Blurred vision and ◆ Dizziness ◆ Abdominal pain and ◆ Nausea | <p>It is imperative at the first sign of hypoglycemia you give sugar immediately. If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none"> ◆ 4 oz/125 ml of regular pop (not diet pop); or ◆ 4 oz./125 ml of fruit juice; or ◆ 2 teaspoons/10 ml or 2 packets of sugar; or 2 glucose tablets; or ◆ 2 teaspoons/10 ml honey <p>If the reaction has not developed too far, the child will return to normal within ten or fifteen minutes. During this time the child is to be kept still and preferably in class.</p> |

6. **Severe Hypoglycemia** will occur in 3-8/100 students with diabetes per year and occur most commonly at night. Severe hypoglycemia is rare in the school setting.
- 6.1 In severe hypoglycemia, the student may be unconscious or conscious. There may be loss of memory or seizures. If the student is unconscious, having a seizure or unable to swallow, **do not** give food or drink.
 - 6.1.1 Roll the student on his/her side.
 - 6.1.2 Call 911 or emergency medical services.
 - 6.1.3 Inform parents or guardians.
 - 6.1.4 It may take some coaxing to get the child to eat or drink but you must insist.
 - 6.1.5 If there is no noticeable improvement in about 10 to 15 minutes repeat the treatment. When the child's condition improves, he or she is to be given solid food. This will usually be in the form of the child's next regular meal or snack.
 - 6.2 Until the child is fully recovered he or she is not to be left unsupervised. Once the recovery is complete the child can resume regular class work. If, however, it is decided that the child is to be sent home, it is imperative that a responsible person accompany him or her.
 - 6.3 Parents are to be notified of all incidents of hypoglycemia. Repeated low blood glucose levels are undesirable and unnecessary and are to be drawn to the parent's attention so that they can discuss the problem with their doctor.
 - 6.4 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.
 - 6.5 Do not give food or drink if the child is unconscious. Roll the child on his/her side and seek medical assistance immediately.

Reference: Sections 85, 87, 108, 109, 175, 188, 190, 231 Education Act

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