Diabetes and Back to School

(Rights and Responsibilities)



معهد دسمان للسكري
Dasman Diabetes Institute
KRAS
مركز أبحاث
Center

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Since students spend nearly half of their waking hours at school, proper and attentive diabetes care during the school day is very important.

The responsibility for managing diabetes at school does not fall solely on the student or their family. It also involves school administrators, teachers, and support staff.



Parents' Responsibilities

An official medical report must be provided to the school detailing the child's health condition before the school year begins.



Blood Glucose Monitoring: Required times and frequency to check blood sugar levels during school day, either by using finger-prick blood glucose meters or modern electronic monitoring devices that do not require pricking.



Insulin Administration: Insulin dosages and injection techniques whether by using syringe, pen, or insulin pump, dosage times, and how to store them at school.



Mealtimes: Meal times that require insulin.



Low Blood Sugar (Hypoglycemia): Identifying the warning symptoms of low blood sugar levels (hypoglycaemia), how to treat it, and how to use glucagon injection if needed.



High Blood Sugar (Hyperglycemia): Symptoms of high blood sugar (hyperglyacemia) and its treatment, including the possibility of needing insulin correction dose and how to calculate it.



Severe Hyperglycemia & DKA: Symptoms of severe hyperglycaemia, symptoms of acidosis in the blood, how to test it, and how to manage it.



Emergency Contacts: Contact phone numbers for parents to reach in case of emergencies.

The school must be informed that your child has diabetes. Make sure the school administration informs classroom teachers, supervisors, and social workers.

Choose a fixed spot in your child's school bag to place a small diabetes care kit that includes:



Teachers and school nurses should know where the kit is kept and how to use it; if the student is too young, it should be stored in the school clinic.

Staff should be given clear information about the student's needs, trained to recognize and manage **low and high blood sugar,** and shown how to use the student's glucose monitoring device.



School Responsibilities

The school should provide diabetes education and train teachers and supervisors on glucose testing and insulin administration.



Recognize Hypoglycemia: Identifying the symptoms of hypoglycaemia and how to treat it, knowing where to find the glucose meter and fast-acting sugar sources, how to use glucagon injection, and staying with the student until they recover from hypoglycemia.



Students with diabetes must be allowed to use the bathroom at any time.



All school staff should be aware that fluctuations in blood sugar levels can affect a student's concentration, mood, and behavior, which may lead to unintentional actions.



A designated area should be available at school where students can check their blood sugar levels or take insulin injections privately and safely.



Allow the carrying of mobile phones when using modern, connected monitoring devices.



Medical Appointments: Allowing leave for routine medical follow-ups, not just in case of illness.



No Sharing Devices: The student's diabetes management tools should not be used or shared by another person.



Hydration: Allow students with diabetes to drink fluids/water at any time.



Recognize Hyperglycemia & DKA: Recognise the symptoms of high blood sugar, symptoms of ketoacidosis (ketones), and how to manage them.



Physical Activity: Students should not be deprived of physical activities, sports classes, competitions, and recreational days simply because they have diabetes. These activities boost their spirits, build self-confidence, and strengthen their relationships with peers. The school should inform parents in advance so they can prepare for these activities.



Vaccinations: The school is urged not to inhibit students with diabetes of basic and seasonal school vaccinations provided by the state, as having diabetes does not preclude vaccination unless there are contraindications that necessitate postponing a specific vaccination based on international recommendations.





The age group at which a student can manage diabetes independently is an individual and variable ability, and the student's capabilities and willingness to be self-reliant or require assistance from others should be respected.

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Kindergarten is a sensitive stage because of the young age of the students and their limited ability to express themselves clearly. Close and careful monitoring is required at school, either by a staff member or by one of the parents, especially for children who have been newly diagnosed with diabetes.

Preschool/Kindergarten



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In primary school, some diabetes tasks can be managed by students, while others may require assistance. Blood sugar is usually checked with a finger prick under adult supervision, or with the use of electronic devices that make testing easier and do not require pricking.

Symptoms of low blood sugar, such as dizziness, nausea, or a fast heartbeat, can often be recognized by students, as well as symptoms of high blood sugar, like abdominal pain, frequent urination, or excessive thirst.

Some children can inject insulin, but only under the supervision of a nurse. However, they cannot determine or calculate the required insulin dose.

Primary School



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At this stage, students can administer insulin injections. However, it is the responsibility of the parents to record the required number of insulin units on all the food their children have so that the student knows the dose they will take under normal circumstances, i.e., when they are not experiencing hypoglycemia.

Middle School



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The students should be able to check their blood sugar levels and inject insulin without supervision. They are able to calculate the required insulin dose under normal circumstances, when they do not suffer from low blood sugar, and are able to treat high blood sugar.

High School



At All Ages



Students with diabetes may require assistance from staff members or other individuals to check blood sugar levels when it is low.



Children with diabetes may be reminded to take fast acting sugar when blood sugar is low.



During low blood sugar, students should not be left alone and must be supervised sugar levels return to normal.

Summary

Diabetes is a common chronic condition among school-aged children. Both short-term and long-term complications can be prevented or delayed when each case is managed properly.

Continuous diabetes care is required a 24 hours a day, 7 days a week, including the long hours a student spends at school. To ensure the safety of students with diabetes at school, to prevent long-term complications, to avoid acute complications, and to enjoy their full participation in all school activities, blood sugar levels must be monitored and managed throughout the school day and during all school activities.

Coordination and collaboration between the school and healthcare providers for people with diabetes are crucial, requiring advance planning and training for school staff on how to work with this population. Children and young people with diabetes can participate fully and safely in all school activities.

Notes

For your inquiries and **weekly educational messages** from the Education and Training Unit at Dasman Diabetes Institute, and to keep updated on the unit's activities and events, please save the WhatsApp number below to your phone:

22216041

Send a text message

"I would like to participate"

Please note: we are unable to respond to any inquiries regarding appointments at the institute's specialized clinics or other services provided by the institute.

With regards,
DDI Education and Training Unit

CONTACT US

SWITCHBOARD: + (965) 2224 2999
HOTLINE: + (965) 1877 877
FAX: + (965) 2249 2436
OR VISIT US AT: www.dasmaninstitute.org

dasmaninstitute
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dasmaninstitutekwt
dasmandiabetesinstitute