

Starting School for Kids with Diabetes... Not for Sissies...

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You want to enrol your child at a school in your area where he or she can begin a school career. You do all the research, talk to the relevant people, and finally put in your application. When school of your choice accepts your child, you are thrilled! But, for the child with diabetes, his (please substitute 'her' if you have a daughter) education begins in the year before he starts school...

Teaching your child

In this year, your child needs to learn how to manage his diabetes when you are not with him. You want him to be able to manage his diabetes well enough so that he can benefit from the education, the social times, and all the developmental growth he can achieve at school. He needs to learn the necessary skills of managing multiple daily injections of insulin or insulin pump therapy away from home. Of course, this means that you, as his parent have to know these things well so that you can teach him. So, the real first step is for you to get the education you need. A Registered Nurse Diabetes educator and Registered Dietician are invaluable in helping you and your child in this quest.

Your child needs to know how to

- use his blood glucose meter, and what the readings mean.
- respond to those readings.
- recognise when his blood glucose is low (hypo) and what to do about it.
- eat at regular times and to correctly count the carbohydrates ('carbs') that he eats so that he can balance this with the appropriate amount of insulin.

He is only five or six years old but he **can** do it, given the time to practice. He may be **resistant** to your teaching, and **not want** to do it, but he needs to understand that this is part of his education. He will need it to cope at school. Accepting responsibility is a life skill that **all** children need to learn. Children with diabetes have to fine-tune that skill earlier rather than later.

Gradually he will get it and you will start to feel he has reached a point where he can cope independently, providing he has the support he needs when he is uncertain. Moms are often amazed at the depth of understanding a child can achieve. This doesn't mean that you abdicate and leave all the responsibility to him, but he has enough knowledge and skill to manage hour by hour in his time at school.

So now, we are ready to go to school. However, the teaching is not over.

Teaching the teacher

The next step is to teach the teacher about managing diabetes. She (or he) may be resistant to your teaching, and not want to do it. But, she needs to understand that this is part of her education and she will need to do it to cope with your child at school. Her love of teaching and children should cast out all fear. After all, if your child can do it, so can the teacher. Accepting responsibility for a child with diabetes at school is part of the Bill of Rights for that child.

Once you know who is to be your child's teacher, make an appointment with her to give her the information she needs to care for a child with diabetes. If you establish a good relationship with that teacher, she will be more willing to work with you on helping your child. The diabetes nurse educator who knows your child may be able to give a presentation at the school to any of the teachers who will have to teach your child. This should include the sport's teachers who need to know the special needs around various forms of exercise. Teachers usually find this very helpful. Some paediatricians offer a teachers training course in diabetes.

LIVING WITH DIABETES

The teacher needs to

1. have a basic knowledge of what diabetes is and understand the need for insulin injections. If a child is on a pump, she needs to understand how it works.
2. know how to test blood glucose using your child's meter in case he can't do it himself.
3. know how to interpret the readings - that is, to know what is too low or too high for your son.
4. recognise when your child has a low blood glucose level by knowing the signs and symptoms of hypoglycaemia. You can describe specifically how you recognise a hypo in your child.
5. know how to treat hypoglycaemia. The teacher should also have a bag with some glucose / sugar (Coke, fruit juice or glucose sweets) in case he does not have enough with him. The bag should also have some insulin and an emergency Glucagon injection.
6. have a parent's telephone number and the 'Hotline' number of your diabetes team handy so that she can ask for guidance if necessary. One mom has an arrangement that the teacher can give her a missed cell phone call and she will call back immediately. Of course, this means that the mom has to be available throughout school hours to respond to such calls.



If the teacher is worried – for instance if the child loses consciousness or has a seizure, she should call the parent who will come immediately as well as alert the Doctor or Nurse Educator. The diabetes team professionals will say that you should test the blood glucose and if your child is unconscious, to give the child an injection of Glucagon that will be in the teacher's kit. So, if the teacher feels comfortable giving an injection, she can do it even if the parent has not arrived yet. Remember to restock the Teacher's kit after it has been used.

Depending on his insulin regimen, your child may have to inject insulin when he eats his lunch. He will need to test his blood glucose before he eats so that corrective action can be taken if needed. The teacher should have the information at hand about how much insulin the child will need for the provided food. A notebook with daily information about the food he will eat and the corresponding dose of insulin will help greatly to remind your child and to reassure the teacher that he is doing the right thing. You can also give the teacher any messages that are important to the management that day, for instance if he has been sick the day before or had ketones during the night.

Teaching the other children at school

It helps if the other children in the class have an understanding of diabetes too. It has proved helpful if the child does a project in which he can present an explanation of diabetes and its treatment to the class. He can show off how he tests his blood glucose, or how he gives an injection, or programmes a dose of insulin on his pump. This usually intrigues the children and



your child is more likely to feel special rather than criticised. It gives the class an opportunity to ask many questions about diabetes. It may be helpful to have a Youth with Diabetes representative, Diabetes



The first day of school - Ashley Rose and Alyssa May, Lindy Pienaar's twin daughters, both of whom have type 1 diabetes. Then 6 years old, they are now 9.

Educator or parent present when the project is presented, to answer any questions the child cannot answer.

Once your child has a best friend, he can teach that child what he will look like if he is having a low and what to do if he is behaving differently from usual. His friend can also be told when your child will be more vulnerable, especially while playing games like soccer, when running around a lot, or just before lunchtime. His friend can either seek help from the teacher or get him to test, and give him some glucose if necessary. Friends will also notice if your son is missing and alert the teacher in case he has had a problem somewhere such as in the bathroom.

If your child wants to sleep over at a friend's house, the parents of the friend should also be taught the basics on how to cope. Then let him sleep over. It is a normal part of any child's development to explore the world outside your home... safely!

Here is one family's story:

Hi everyone

I want to share our 'issue' we had with the Aftercare facility at the new government school to which my daughter moved. She is in Grade 1 and upon registration, the Aftercare staff member refused to accept my daughter because of her diabetes. My husband handled it very calmly and wrote a letter to the school and governing body protesting the discrimination against our daughter. The school called us to a meeting and discussion revealed the problem was the teacher's fear of the unknown. She is now more than willing to accommodate our daughter on our terms and wants to learn more. She is going to attend the diabetes course given by our doctor.

Good communication and understanding of the emotions, values, attitudes and beliefs of all involved, goes a long way to facilitate a smooth transition into school life for your child.