Roles and responsibilities in schools

A key part of ensuring good diabetes care for children at school is a clear understanding of who will be responsible for each task. In general, the parents are responsible for providing all diabetes equipment and snacks. They should also help you learn what you need to know about diabetes care. You and the your school should be willing and able to do the following, as needed by the child.

An adult and a back-up adult should be trained to test blood glucose, know what to do if the blood glucose is out of the target range, know when and how to check for ketones, and know what to do if the child's ketone level is abnormal.

An adult and a back-up adult should know how to recognize and treat hypoglycemia and hyperglycemia. If the child is mature enough to treat herself, she should be allowed to do so—but she should remain under the supervision of an adult at all times during a hypoglycemic reaction and should not be required to walk alone to another part of the school to test blood glucose or get treatment.

If the child needs an insulin injection(s) during school hours, an adult and back-up adult should be trained to give her insulin injections (and/or supervise her as she administers her own injection).

An adult and back-up adult should be trained to give a glucagon injection.

If the parent or child request it, the school should provide a location in which the child can check her blood glucose or take insulin privately (but still with adult supervision, if needed).

- An adult and back-up adult should know the child's meal plan and work with the parent to coordinate it with the schedule of the other children in the class, if possible. They should also notify the parents whenever special events come up that might affect the meal plan.
- All adults who have responsibility for the immediate custodial supervision or care of your child at school should be trained to recognize hypoglycemia and hyperglycemia and know emergency procedures.
- Allow the child to see the school nurse or other school medical personnel whenever needed.
- Allow the child to eat a snack anywhere and to use the restroom and drink water at any time.
- Allow the child to miss school for doctor's appointments to monitor diabetes without negative consequences.

- Provide a safe location for storage of insulin and Glucagon, and allow the child immediate access to diabetes supplies at any time.
- Ensure the child's full participation in all sports, extracurricular activities, and field trips, with any necessary supervision provide.
- Provide aids to help the child academically, if needed. Examples of situations in which this might be necessary include making up for class time missed due to diabetes care or academic problems that can be traced to frequent hypo- or hyperglycemia.

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According to a 2003 Canadian Health Study, more than 1.6 million children under 12 (or 25% of all children under 12) are regularly exposed to second hand tobacco smoke. Children who are exposed are at a much greater risk of developing asthma and cancer. Exposed babies are more susceptible to sudden infant death syndrome. Yet 85% of adults who smoke do NOT ensure that children are NOT exposed.

(Physicians for Smoke Free Canada)