

WELCOME to **telehealth**   
Utah Diabetes Telehealth Series

Diabetes Back-to-School Basics

Live Stream Broadcast

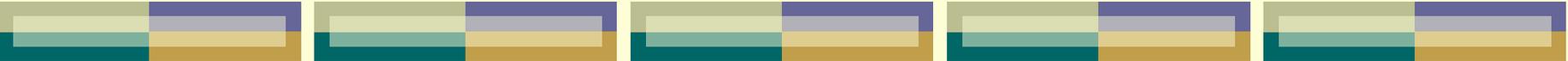
Sept 21st from 12:00 pm – 1:00 pm MDT

Reminder: Take the Pre-Test at

<https://www.surveymonkey.com/s/utahdiabetes-sep2011-pretest>

Back to School Basics: Making For A Healthy & Successful Adjustment to School

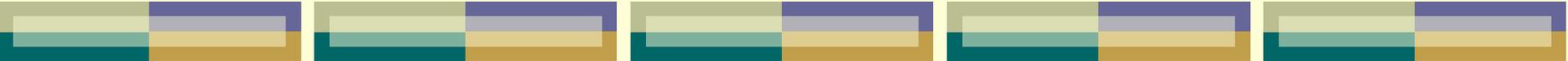
Glen Steenblik, LCSW
Primary Children's Medical Center
Diabetes Clinic
September 2011



Learning Objectives

The participant will be able to:

1. Explain the responsibility of parents/teachers/school personnel in getting ready for school
 2. Explain age appropriate expectations of students
 3. Understand the difference between a Diabetes Medical Management Plan, 504, and an IEP, and when to use each
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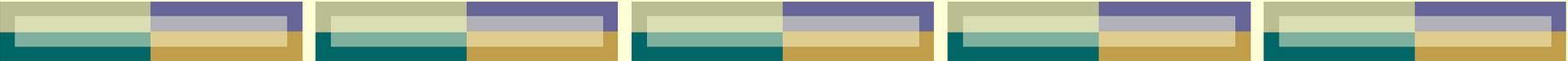


Let's Consider. . .

- Anxiety of Parents
- Anxiety of Teachers/School Personnel
- Anxiety of School Nurses

and most importantly. . .

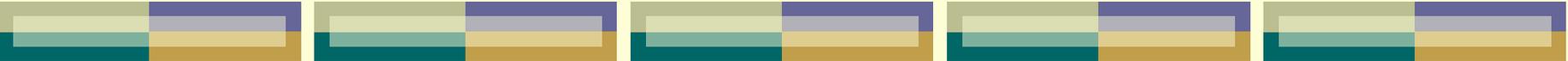
- Anxiety of the Student
- 



Some Things to Consider. . .

Start Early!

- Preparing in the spring, for school starting in the fall, will reduce anxiety and stress for everyone involved!
 - If did not start early, **START NOW!** Don't wait until problems arise.
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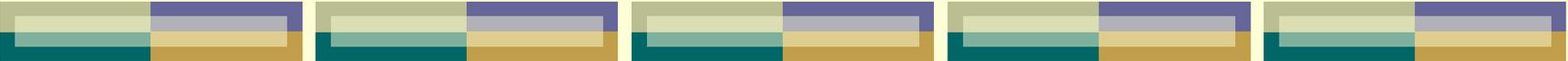
Anxiety, Fears & Concerns of Parents

- New diagnosis: <1 year
 - No previous family history or experience
 - Young child: still not able to give own injections
 - 30 to 40 minute bus ride before and after school
 - Child is already one who has been picked on: an easy target
 - Knows teacher has not had other students with diabetes previously
 - Concerns about recess, PE, lunch & field trips
- 



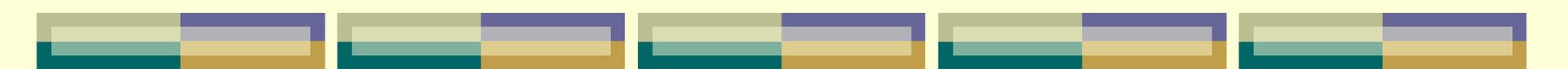
Anxiety, Fears & Concerns of Teachers/School Personnel

- Have not dealt with students with diabetes before
 - Have dealt with students with diabetes before
 - - negative, rough experience
 - + positive, easy to deal with
 - Challenging class size (25 – 30+ kids)
 - So much to do, so little time to teach
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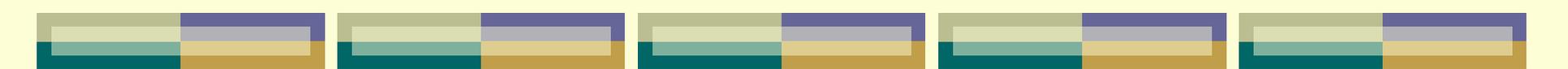
Anxiety, Fears & Concerns of School Nurses

- 8 –12 + Schools to service
 - Unreasonable case load
 - Increase in number of students with “special needs”, health conditions
 - Delegation and liability issues
 - Paperwork: School care plans, medication authorizations
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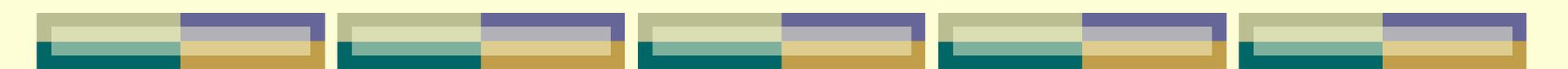
Anxiety, Fears & Concerns Students

- Who to tell or not tell
 - Fear of embarrassment or ridicule
 - Unsure of/insecure about what needs to be done
 - Fears of:
 - going low, needing to use the rest room, calling home, missing class for Dr. appt., testing in front of others, missing lunch with friends to test and dose, calling attention to self, etc.
 - Transition times can be especially difficult:
 - move to new school, K → first grade, elementary → junior high → high school → college
 - Some need/want parent to be with them
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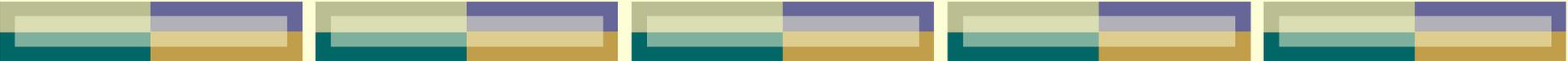
Issues, Steps to Consider

- Cooperation is essential!
 - Meet together (parent, teacher, child-as appropriate, school nurse, school administration, possibly school counselor, etc.) with input from the medical team
 - Define the issues/concerns
 - Be specific
 - Assist in developing a plan
 - and a back up plan
- 



Implement the Plan

- Work with families to make sure:
 - All involved are educated, while being sensitive to the student's feelings and respect for privacy
 - Things get done in a timely manner
 - Encourage a substitute teacher plan
 - See that the plan is reevaluated periodically
 - Follow up
- 

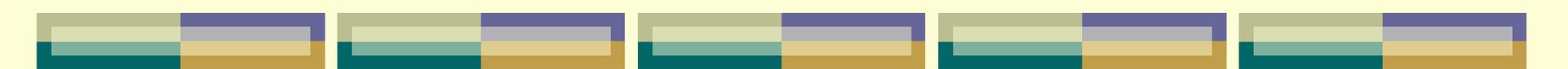


“Appropriate diabetes care in the school setting is necessary for the child’s immediate safety, long-term well being and optimal academic performance.”

ADA Clinical Practice Recommendations. “Diabetes Care in the School and Day Care Setting”

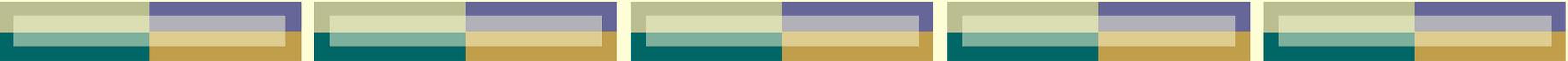
Diabetes Care 30 (Suppl. 1):S66-S73,2007





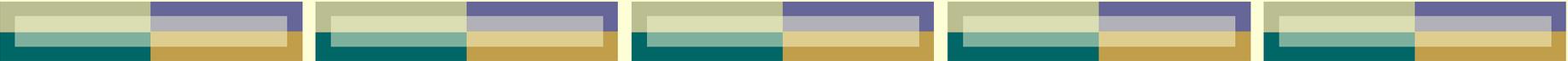
Challenges: Elementary School

- Parent with newly diagnosed 10 year old elementary school student
 - Able to do own blood checks, but not ready to give his own shots without assistance
 - Non-supportive employer, as parent already missed a number of days of work and works 25 minutes away from school
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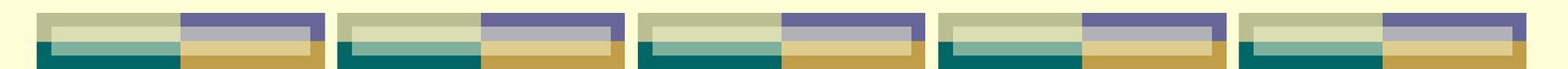
Parent/Guardian Responsibilities

- Provide materials and equipment for diabetes tasks
 - Provide supplies to treat hypoglycemia
 - Supply information on diabetes
 - Emergency contact numbers
 - Information on meals and snack schedule
 - Signed release (medication administration)
 - Provide child with reassurance, the language and strength to speak up
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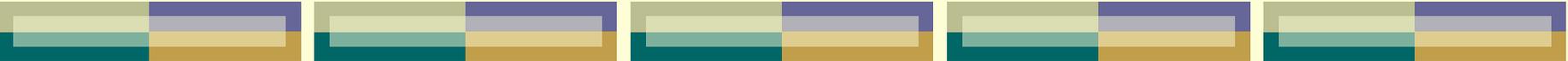
Challenges: Middle School

- Middle School student who has difficulty managing fluctuating blood glucose levels
 - Student doesn't want anyone to know he/she has diabetes
 - Explore student's reasons – privacy, embarrassed, fear, peer acceptance
 - Determine who needs to know?
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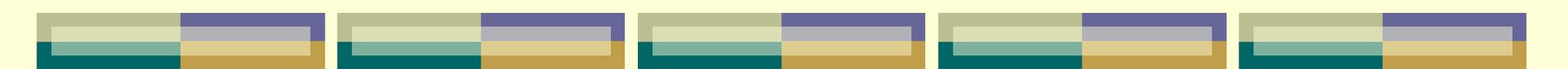
Challenges: High School

- Field trip/outing or overnight trip away from school
 - Student is told he/she cannot participate (or just can't attend) unless parent accompanies student on the trip
 - Student doesn't take diabetes supplies on the outing – “just forgot”.
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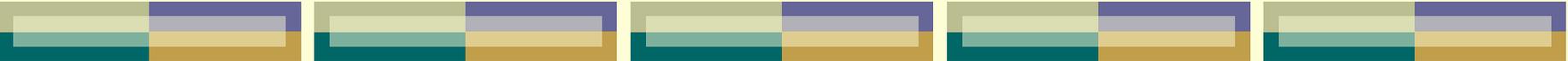
School Responsibilities

- Allow BG checking as needed
 - Permission to miss school due to diabetes without negative consequences
 - Permission to use the restroom and have access to fluids
 - Provide appropriate location for insulin/ glucagon storage
 - Provide carbohydrate counts for meals served at school
 - Provide a “buddy” for child with diabetes
- 



School Responsibilities

- Immediate accessibility to supplies and treatment items (i.e. juice, carb snacks, insulin, glucagon)
 - All training and medical care takes place under the license of the school or district nurse
 - Hypoglycemia training, including glucagon
 - Training of at least 2 people for finger sticks, carbohydrate counting, treatment for blood glucose levels outside target range
 - A location that can provide privacy, if desired, for glucose monitoring and insulin administration
 - Permission for student to seek assistance from district nurse and/or other trained personnel
- 



School Responsibilities

- It is the responsibility of school personnel to carry out the care plan so that the student is supported:
 - During school (including lunch and recess)
 - Field trips, outings and group tours
 - Extracurricular activities
 - Other school sponsored events
 - On transportation provided by the school
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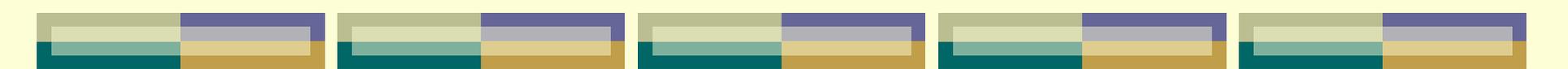


“No child with diabetes should be subjected to sub-standard care simply because he/she is in school.”

Position Statement: American Federation of Teachers

2004

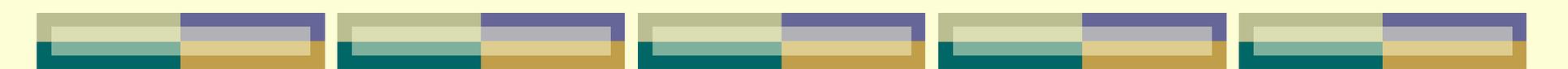




Age Appropriate Expectations

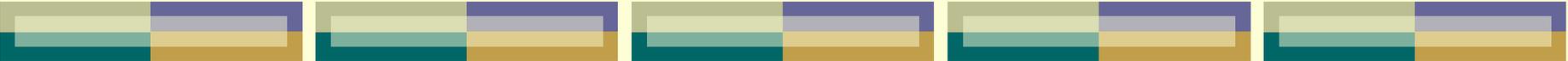
ADA Guidelines

- Preschool – By 5 yrs. can usually (hopefully) cooperate
 - Elementary – By 8 yrs. Finger sticks with supervision, and 10 yrs. may give injections with supervision
 - Middle School – Perform blood glucose checks unless low, administer insulin with supervision if needed
 - High School – Perform blood glucose checks unless low, administer insulin without supervision
- 



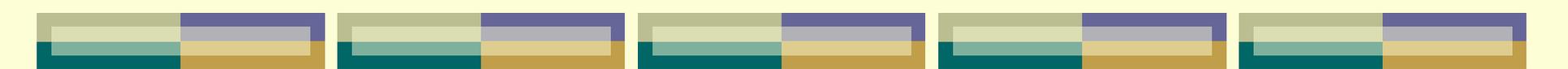
Additional Points

- Not all children with diabetes are created equal
 - Some are very well adjusted, confident and capable of self care
 - Some are very much not so
 - Age, length of time with diabetes, skill level, family dynamics / disruption
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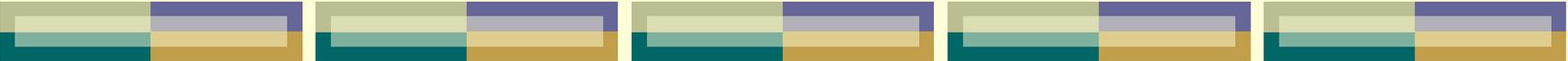
Additional Points

- Psychosocial stressors
 - Home environment
 - Mental health considerations
 - Fear of diabetes being “contagious”
 - Unnecessary labeling or branding
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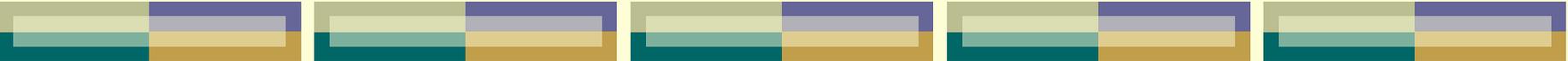
Considerations

- Accommodations need to be made
 - Delegation: what can & cannot be delegated
 - Use of school staff, aides, other parents
 - District and school policies may differ
 - Flexibility: what will allow greater likelihood of successful school experience for the student
 - DCFS Involvement: who, when, how?
- 



Going Away to College: Considerations

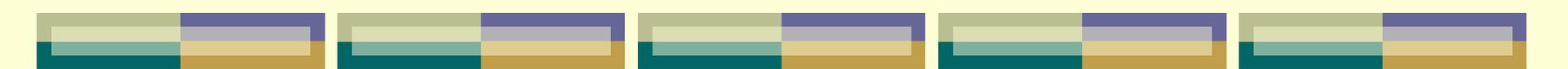
- The preparation for a successful transition for students going to college must begin before the student is packing up the car . . . long before!
- 



Going Away to College: Considerations

● Essentials include:

- Increasing the student's ability and confidence in communicating with diabetes health care provider/educators.
 - Helping the student become better educated regarding the finances of diabetes care, costs, insurance coverage, etc.
 - Knowing how to keep up with supplies/prescriptions, how and when to order, so won't run out.
 - Becoming comfortable in educating/informing others:
Diabetes for Dummies or Diabetes101
- 



College Students Should:

- Plan to check in with the student health center for support, care, and to learn regulations for proper disposal of supplies/sharps
 - Try and establish a somewhat regular mealtime schedule
 - For safety reasons, inform at least some of the new friends, roommates, etc., about individual symptoms of hypo/hyperglycemia with treatment suggestions/helps
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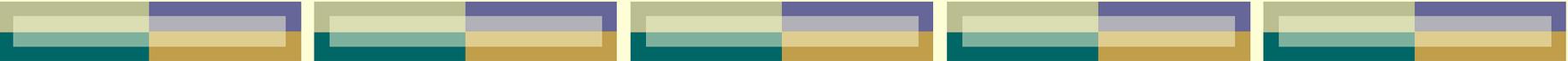


College Students Should:

ALWAYS

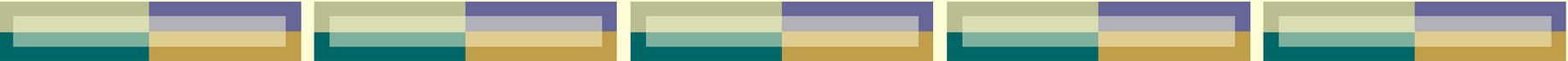
- Wear Medical ID
 - this also goes for high school
- Be prepared with snacks to treat low BG wherever they are-in class, off campus, in/out of dorms





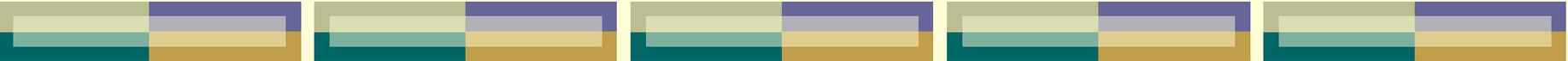
Diabetes: College

- Checklist to include:
 - Extra meters, supplies, strips, insulin
 - Contact #'s: emergency, pharmacy, and a friend's phone number who knows about diabetes
 - Copy of current prescriptions
- 



Diabetes: College

- Who needs to know?
 - Friends/roommates
 - Student health center staff
 - Professors/coaches
 - Dorm manager/assistant
 - Be aware of and visit:
 - Student Health Center
 - Local Hospital/ER
 - All night pharmacy
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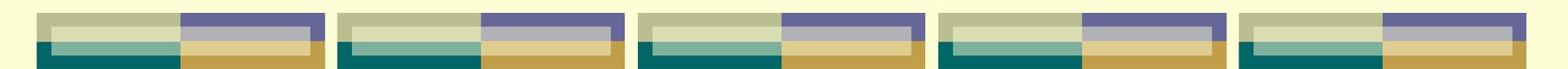
Diabetes: College

- With careful planning and proper preparation, the transition to college can be smooth, less anxiety ridden, and a positive experience for both student and parents!



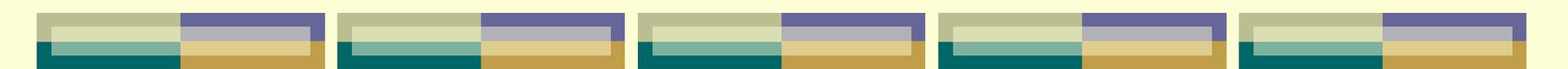
Forms for Diabetes at School

Form	Purpose	Facts	When/How to Use
Diabetes Medical Management Plan (DMMP)	To provide the school with pertinent information about a student's diabetes management, as well as emergency contact information.	<ol style="list-style-type: none"> 1. Comprehensive outline of diabetes information for school, specific to child 2. Includes guide for treating hyper/hypo 	<ol style="list-style-type: none"> 1. Can be completed at the request of school nurse or parent 2. Completed by all involved in child care 3. Signed by physician
Section 504 Plan (written plan)	To accommodate the needs of individuals with disabilities and/or other health impairment (that limits one or more of the student's major life activities) in order for them to participate in school and receive equal access to opportunities and activities.	<ol style="list-style-type: none"> 1. Civil rights legislation 2. Any school that receives federal funding must comply 3. The plan outlines both the responsibilities of the school and of the parents 	<ol style="list-style-type: none"> 1. Should be completed by parents, school nurse, and school personnel involved in child care
Individualized Education Plan (IEP) (written plan)	To accommodate the needs of individuals with learning disabilities and special education needs.	<ol style="list-style-type: none"> 1. A program under education legislation-IDEA 	<ol style="list-style-type: none"> 1. Appropriate when child identified as having special education needs. 2. Attach DMMP to IEP, does not need a 504 with IEP



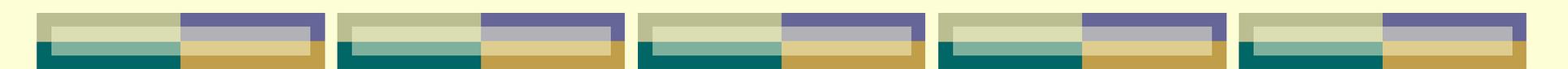
Forms Access

- Forms should be updated annually and whenever the student's medical condition or care plan is changed.
 - Glucagon Authorization form:
 - <http://healthcare.utah.edu/utahdiabetescenter/pediatric/glucagonauthorizationform.pdf>
 - Diabetes Medical Management Plan:
 - <http://healthcare.utah.edu/utahdiabetescenter/pediatric/dmmp.pdf>
 - 504 plan
 - <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/written-care-plans/section-504-plan.html>
 - Medication Authorization:
 - <http://healthcare.utah.edu/utahdiabetescenter/pediatric/medicationauthorizationform.pdf>
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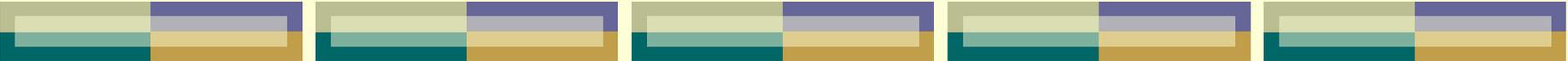
Helpful Resources

- Helping the student with diabetes succeed: A Guide for School Personnel
 - To obtain your free copy, call 1.888.693.6337 or visit www.yourdiabetesinfo.org
 - Let's Talk About: Teacher information about diabetes
 - <https://kr.ihc.com/ext/Dcmnt?ncid=520408187&tfrm=default>
 - Let's Talk About: How to Treat Low Blood Sugar
 - <https://kr.ihc.com/ext/Dcmnt?ncid=520408239&tfrm=default>
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Helpful Resources

- School Social Worker/Counselor/Psychologist
 - Public and Private mental health agencies
 - Community agencies and organizations i.e.,
ADA, JDRF, PCMC OP Clinic
 - Internet resources:
 - www.diabetes.org
 - www.jdrf.org
 - www.childrenwithdiabetes.org
 - www.behavioraldiabetes.org
 - www.healthcare.utah.edu/utahdiabetescenter/
- 



Overall good the health, safety, and well-being of the student is the goal of all interested parties.

COOPERATION
FLEXIBILITY
COMMUNICATION



Questions / Concerns

Glen Steenblik, LCSW

Primary Children's Medical Center

Outpatient Diabetes Program

(801) 587-3954

<http://www.healthcare.utah.edu/utahdiabetescenter/>

Thank you for participating



Diabetes Back-to-School Basics

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