

Back to School with Diabetes...Advice for Parents/Caregivers and Schools

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Back to school time can be very stressful, particularly for families with children who have type 1 diabetes. The Juvenile Diabetes Research Foundation believes that students with type 1 diabetes must be allowed to manage their diabetes in a school setting by monitoring their blood sugar, balancing food and exercise, and administering insulin. These children require appropriate school policies and a strong supportive network to help facilitate their life sustaining regimen.

Make it a "Team" Effort: Teachers, parents, school administrators, and health care providers must work together with the student to develop guidelines for management of their diabetes. Anyone who is involved with the supervision of the student is to be considered a "key player" in keeping the student safe: teacher(s), secretary, bus driver, lunch room aide, recess monitor, librarian, coach...the list could go on and on.

Educate the Educators: The DMMP (Diabetes Medical Management Plan) is the foundation for the development of all school based care plans. While the student's teachers probably know a great deal, they may not necessarily know anything about type 1 diabetes. It's important to provide teachers and staff with at least the basics of the disease, along with information about the child's regimen and needs. Make sure you have given the school the DMMP prepared for the child by his healthcare team.

Supplies, Supplies, Supplies: Providing snacks for every classroom (known as a "low box"), as well as the nurse's office, student locker and backpack, helps to ensure that student is safe and prepared, especially for lows while at school. Make sure an area is provided for your child to have extra diabetes supplies such as glucose meter, strips, insulin, syringes, injection pen, alcohol wipes, glucotabs, pump supplies, and glucagon. This is to be easily accessible to the student such as a cubby with their name on it in the school sickroom and a refrigerator for extra insulin and juice boxes.

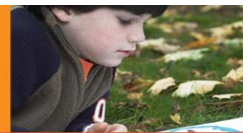
Know Your Rights: JDRF believes that all children with type 1 diabetes should be allowed to manage their diabetes to the maximum extent possible in school-- including being able to test blood sugars and treat highs and lows wherever they are in the school. However, different schools have different rules regarding type 1 diabetes care, so it is important that parents be aware of their rights. The ADA, JDRF, and NDEP recommend that all students with diabetes have either a Section 504 Accommodations Plan or an Individualized Education Plan (IEP), depending on eligibility. Both provide protections under federal disability laws, and can address both medical and educational issues.

Have a Written Plan for Emergencies: Be prepared for emergencies: lockdowns, shelter-in-place and school evacuations. Make sure the school has identified the "who, what and where" if something should happen.

Keep Learning: For additional information on type 1 diabetes please visit our website at www.jdrf.org; JDRF "School Advisory Toolkit" available for download at www.jdrf.org/satrequest.

ADA: Diabetes Care in School, www.diabetes.org
CDC: Helping Your Child Manage Diabetes At School, www.cdc.gov/Features/DiabetesinSchool/

School Advisory Toolkit



Diabetes is a Team Effort

Mike Steigmeyer

Diabetes prevention and management is a team effort. Whether in a clinical practice, classroom, or workplace, managing diabetes effectively is complex and requires a team approach. A team approach is especially important if the child has or is at risk for developing diabetes. Family members, school staff, and health care professionals all need to work together to help keep children in optimal health.

How Families Can Help

Families have a key role to play in promoting healthy eating and physical activity. Here are tips that health care providers can share with their patients' families:

- For school lunches, use whole grain bread, fresh vegetables and lean meat like fish, chicken or turkey without the skin. Another great option is packing a wrap such as flat bread, tortilla or pita pockets with fresh vegetables and low fat cheese.
- Pack a healthy drink in your child's lunch like 100% fruit juice or low-fat milk instead of sugary soda.
- After school, encourage kids to play outside instead of playing videogames or watching TV at home.
- Some healthy activities families can participate in with their children include going for a walk, playing a sport, riding bikes, going on errands, dancing or jumping rope.

For more resources on how families can keep children healthy visit:

Bam! Body and Mind

www.bam.gov

Small Step

www.smallstep.gov

WIN-Weight control Information Network

www.win.niddk.nih.gov/

Let's Move

www.letsmove.gov

My Pyramid

www.mypyramid.gov/KIDS/

Working with Your Health Care Team

Most newly diagnosed cases of type 1 diabetes occur in individuals younger than 18 years old, and more children and teens are now getting type 2 diabetes. Diabetes care needs to be especially tailored to meet the physical and emotional needs of children and adolescents.

DPAC and MDE Project

The DPAC Advocacy and Policy Workgroup is working with the Michigan Department of Education (MDE) Coordinated School Health and Safety Program on revising their "Management of Students with Diabetes in the School Setting" guidelines. Additional partners include the Michigan Organization of Diabetes Educators (MODE), the Michigan Association of School Nurses (MASN), parents of school age children with diabetes, and other interested individuals. The guidelines are not a requirement, but rather suggested diabetes care best practices and resources for schools.

The National Diabetes Education Program, "Helping the Student with Diabetes Succeed, A Guide for School Personnel" is the template for the suggested revisions. To view the current memorandum, please visit:

http://www.michigan.gov/documents/Management_of_Students_with_Diabetes_in_the_School_Setting_69715_7.pdf

The current guide can be found here:

http://ndep.nih.gov/media/Youth_NDEPSchoolGuide.pdf

If you are interested in learning more about this project, please contact Jennifer Edsall at 517.335.8378 or at edsallj@michigan.gov.

According to the National Diabetes Education Program (NDEP), diabetes care for children and teens should be provided by a health care team that can deal with these special medical, educational, nutritional and behavioral issues. The team typically consists of a physician and sometimes a diabetes educator, dietitian, social worker or psychologist. The American Diabetes Association provides a detailed schedule of care that explains what should be done at diagnosis, each quarterly visit, and annually. The following schedule of care is based on the ADA's Standards of Medical Care:

http://ndep.nih.gov/media/diabetes/youth/youth_FS.htm#Diagnosis



Working with Your Health Care Team (cont)

The health care professional team, in partnership with the young person with diabetes and parents or other caregivers, needs to develop a personal diabetes management plan and daily schedule. The plan helps the child or teen to follow a healthy meal plan, get regular physical activity, check blood glucose levels, take insulin or oral medication as prescribed, and manage hyperglycemia and hypoglycemia.

An additional resource to help teens with diabetes transition into adulthood is NDEP's Transitions Guide. The guide helps teens and young adults assume more responsibility for diabetes self-management while making more independent judgments about their healthcare needs:

<http://www.ndep.nih.gov/transitions/>

Diabetes isn't a disease that anyone wants to manage alone. You can help others with diabetes by being supportive, giving encouragement, being a good workout partner, or providing education. It's important that we increase awareness about this disease in our families.

Policy Action for Healthy Weight of Michigan Children

(from the Prevention Workgroup)

Keeping Michigan children healthy is a battle fought on many sides. Working to affect policy and environmental change, the Healthy Kids, Healthy Michigan is a coalition dedicated to reducing childhood obesity in Michigan through strategic policy initiatives. Healthy Kids, Healthy Michigan (HKHM) is comprised of executive-level decision makers from more than 110 organizations statewide. These organizations represent government, public and private sectors, school districts, health care and non-profit organizations.

HKHM has three priority areas, which are led by action teams: the Community Policy Action Team, the Education Policy Action Team and the Health, Family and Child Care Services Policy Action Team. The action teams are working on statewide policies, such as guidelines for physical and health education requirements in schools, nutrition standards on school campuses, BMI surveillance, nutrition and physical activity requirements in child care centers, and much more.

Accomplishments to date include: Public Act 231 was signed into law, increasing access of fresh fruits and vegetables to people in underserved areas; and the Complete Streets legislation, Public Acts 134 and 135, was signed into law in August assuring more active and safe communities. Also, an official letter clarifying Medicaid policy for local providers, called the L-Letter, was sent to pediatric health care providers with information on the appropriate way to bill Medicaid for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or "well-child" visits that include prevention, identification, and treatment of childhood obesity.

HKHM has different levels of membership, allowing all organizations to choose their level of involvement. To find out more and to be involved, visit:

www.americanheart.org/healthykidshealthymichiga

UPCOMING EVENTS

***National Diabetes Awareness Month -
November***

World Diabetes Day - November 14

DPAC Board Meeting - January (TBD)

***DPAC Full Membership Meeting - May 5,
2011, at MSU Kellogg Center***