

## Diabetic Care Management Policy

*Vision: Grow - Flourish - Succeed*

*Mission: Together we inspire creative, mindful learners who value diversity, support one another and strive for success.*

### 1. Introduction

Diabetes type 1 is usually diagnosed in children, occurs when the pancreas is unable to produce insulin. A person with Type 1 diabetes requires daily insulin injections. In comparison, Type 2 diabetes occurs when the pancreas is unable to produce enough insulin. Type 2 diabetes can usually be controlled by medication and a healthier lifestyle and does not normally require insulin injections.

The ability of each student to perform diabetes self-care depends not only on the student's age and maturity but may also depend on the length of time he/she has had the condition. There are two types of diabetic emergencies which school personnel may encounter:

- Low blood sugar level (hypoglycemia)
- High blood sugar level (hyperglycemia)
- 

Good management of diabetes will significantly reduce the likelihood of hypo/hyperglycemia at school, thus reducing the likelihood of administering glucagon.

Glucagon is a hormone that raises blood glucose levels which is acted by converting glycogen (stored carbohydrate) into glucose and then release it from the liver. It is a safe drug with mild adverse reactions like nausea, vomiting and allergic reactions. Glucagon may be stored at room temperature and can be given as either a subcutaneous or intramuscular injection.

### 2. Purpose of policy

This policy is designed to give clear and specific guidance on the effective management of students who have diabetes. Diabetes can be an unpredictable condition, but it is also treatable and its effects can be well managed. However, it should be recognized that the variance in blood sugar levels can seriously influence cognitive ability and performance.

### 3. Aims and objectives

- All students can be effectively accommodated in mainstream schools if there is a reasonable understanding of the condition and good communication between parents/students, school staff, medical staff, and the Education Service. With sound precautionary measures and support from the staff, school life may continue as normal for the students.
- The management of a student with diabetes is a shared responsibility involving all of those listed in including students where they are mature enough to take responsibility.
- All personnel working directly with a named student should be aware of the procedures for dealing with a diabetic situation (i.e. either high or low blood glucose/sugar levels) and all other personnel within the school should be aware of these procedures and who they should contact in the case.



#### 4. Assessment and recording

School personnel and others entrusted with the supervision of students with diabetes are expected to be able to recognise the signs of mild to moderate hypoglycemia and hyperglycemia and help in case of an emergency.

**Hypoglycemia — Low Blood Sugar (4mmol/L or less)**

Do not leave a student unattended until completely recovered. When in doubt, treat with fast-acting sugar  
Signs:

- Sweating
- Trembling
- Dizziness
- Mood changes
- Hunger, headaches
- Difficulty speaking and concentrating
- Paleness
- Confusion
- Extreme tiredness
- Blurred vision

If the student is conscious: “Check blood glucose”. If it's equal or less than 4mmol/L:

- Give fast-acting sugar immediately: (e.g. 4-6oz. of fruit juice or 3 packets of sugar diluted in a little water or 1 tbsp of sweetened jelly, honey, corn syrup, jam or equivalent provided by the parent).
- Call the clinic for help and wait 10 to 15 minutes and recheck blood glucose if possible.
- Repeat treatment if symptoms persist or blood glucose is still less than 4mmol/L.
- Contact the parents.
- Once blood glucose is at 4mmol/L, give the student a snack comprised of a carbohydrate and a protein (e.g. 4-6 crackers and cheese).
- Do not change the time of the next meal or snack.

If the student is unable to swallow or unconscious: “Check blood glucose” if less than 4mmol/L or not possible:

- Don't attempt to give anything by mouth.
- Roll the student onto his/her side (if possible)
- Call for help and contact the clinic for further care
- Administer glucagon\*as prescribed:
  - a. Under 44 lb. (20 kg): half the syringe
  - b. Over 44 lb. (20 kg): entire syringe
- Contact the parents and arrange for an ambulance to be shifted for further care and monitoring.

**Hyperglycemia - High Blood Sugar (14mmol/L or above).**

Do not leave a student unattended. Signs:

- dry mouth
- extreme thirst



- frequent urination
- drowsiness
- stomach pain
- blurred vision
- nausea and vomiting
- fruity smell to breath

In case of mild hyperglycemia (thirst, frequent urination, fatigue)

- Allow free use of the bathroom.
- Encourage the student to drink water only.
- Inform the parents.

In case of increased hyperglycemia (drowsiness, nausea, or vomiting)

- Confirm hyperglycemia by testing blood glucose, if possible
- Call parents/emergency contact immediately to have the child picked up (the care required in such a case goes beyond the abilities of school doctor)

## 5. Roles and responsibilities

### Parents/guardians:

- **Provide the school with written medical documentation**, including care instructions and prescribed medications, as directed by the student's doctor or dietician.
- **Submit an up-to-date list of emergency contacts** to ensure the school can reach a parent or guardian immediately in the event of a medical issue.
- **Replace medications** once used or upon reaching their expiry date to ensure ongoing availability of necessary treatment.
- **Collect all medications from the school clinic at the end of each academic session and provide fresh supplies at the start of every new session.**
- **Educate their child in self-management of their medical condition** (e.g., diabetes), including appropriate nutritional practices and the importance of immediately alerting a trusted adult when feeling unwell.

### Responsibilities of school and staff:

- **Ensure relevant staff are fully informed of individual student needs.** Provide general awareness training for all staff, covering the effects of diabetes on cognitive function and academic performance, including potential mood fluctuations and behavior changes. Training should also address different diabetes treatments such as insulin pumps and multiple daily injections, and the implications these have for school excursions and physical activities like sports and swimming.
- **Maintain open communication channels with parents** and conduct regular reviews throughout the school year, or whenever a change in the student's health status occurs, such as following a medical incident.
- **Ensure students with diabetes participate fully in all school activities** without exclusion. Staff should support students in checking blood glucose levels before and after exercise. Students may need to consume fast-acting sugars prior to activity or more complex carbohydrates before and after exercise to prevent hypoglycemia. Supervision during activities is essential.



- **Be aware that students with diabetes may need access to food and drink throughout the school day** and may occasionally require permission to leave class to manage their condition.
- **Do not detain students with diabetes during break or lunchtime** when they need access to food and blood glucose monitoring supplies.
- **Plan supervision for younger students during snack and lunch breaks** to ensure they consume the appropriate food provided by their parents.

**Responsibilities of School Medical Team:**

- **Ensure that insulin, Glucogel, and Glucagon are stored securely** that is easily accessible to the relevant students and clinic members. If stored in a locked area, all staff should be informed of where the keys are kept to allow timely access when needed.
- **When medications are provided by parents or guardians, the school nurse must record the date of receipt and note the expiry date.** This information should be regularly monitored, and parents or guardians notified in advance when medications need to be replaced.
- **Remind parents or guardians to collect all medications at the end of each academic year.** Parents are requested to provide fresh supplies along with an updated care plan and prescription before the new academic year begins.

**6. General strategy**

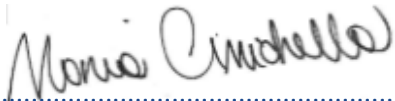
Students with diabetes may experience difficulties maintaining a proper balance between blood sugar and insulin levels. This imbalance can result in **hyperglycemia** (high blood sugar) or **hypoglycemia** (low blood sugar). Various factors can trigger either condition. It is important to note that the immediate effects of low blood sugar can be more severe than those of high blood sugar, as untreated hypoglycemia can quickly escalate into a medical emergency requiring urgent intervention. Handle all health information with confidentiality and respect for the student’s privacy, fostering an environment of trust and support.

**7. Monitoring and review**

This policy has been reviewed and approved by the teaching staff and leadership teams at GEMS Founders School, Dubai for implementation.

Signed .....   
**School Doctor**

Date ..... 22 August 2025.....

Signed .....   
**Manager School Operations**

Date ..... 22 August 2025 .....

Signed .....   
**Executive Principal/CEO/GEMS Executive Vice President- Education**

Date ..... 22 August 2025.....

**Next policy review date:**  
 February 2026