

Backgrounder

Action Needed to Protect Children with Diabetes in School

Canadian Diabetes Association

It should not matter where you go to school, but for children with type 1 diabetes¹, it does. Except for New Brunswick's Education Policy 704, there are currently no other provincial policies, regulations or legislation requiring school boards or schools to accommodate and protect students with diabetes. In Ontario, this has led to a patchwork of measures across the province, with varying standards of care, and gaps in care, from school board to school board — and even from school to school within the same board.

Protection for children with diabetes in schools is critically important given the seriousness of this disease, which can have life-threatening complications at any age. Hypoglycemia (low blood sugar) is a major complication of diabetes and, if left untreated, can result in unconsciousness and even death. To prevent the onset of hypoglycemia, it is essential for those with responsibility for the care and well-being of children within school to recognize and immediately treat the signs and symptoms of hypoglycemia in children with diabetes.²

Unfortunately, instead of protecting and accommodating children with diabetes in school, they are sometimes stigmatized, left out of the full school experience, or placed in vulnerable circumstances. In some cases, parents have been told that their child cannot register for a school because of diabetes. Some children with type 1 diabetes have been denied school trips or access to educational programs. Due to a lack of awareness about the seriousness of diabetes, students have been denied juice in the classroom to treat episodes of low blood sugar, have been left alone to test their blood sugar or inject insulin in a school washroom, or to walk unassisted to the school office while experiencing an episode of hypoglycemia. Parents have reported instances of their children being found alone, confused and disoriented, in the school hallway, on the playground and even outside in the snow.

Diabetes at any age needs to be properly managed with ongoing care and attention. This is particularly important for children, who depend on the adults responsible for their well-being. With the introduction of full-day kindergarten in September 2010 – which will see kids with type 1 as young as 4 and 5 years old in school for 30 to 35 hours per week – **the Canadian Diabetes Association urges the Government of Ontario to take action to ensure all students with diabetes are adequately supported and protected while attending school or school-related activities.**

To that end, **the Canadian Diabetes Association has launched a campaign to focus attention on Bill 5 – a private member's Bill introduced earlier this year by Mr. Dave Levac, MPP (Brant), to establish a Bill of Rights for students with diabetes.** The Bill passed second reading in April 2010 and was referred to the Ontario legislature's Standing Committee on Social Policy. The Canadian Diabetes Association is asking the Government of Ontario to make Bill 5 a priority for the Social Policy Committee to allow for a comprehensive and timely review.

Bill 5 represents a significant step forward and presents an opportunity for all stakeholders to come together on this issue. **The Canadian Diabetes Association calls on all members of the Ontario legislature to work together to enhance this Bill to ensure that this legislation adequately accommodates and protects children with diabetes in schools.** Precedent exists within our province on accommodating and protecting children with similar serious health conditions such as Sabrina's law, also introduced by Mr. Levac, which was passed unanimously by the legislature in 2005 and requires every school board to establish and maintain an anaphylaxis policy.³ The Canadian Diabetes Association applauds Mr. Levac for his ongoing work on children's health, including Bill 5 and his commitment to children with diabetes. The bi-partisan support this Bill has received is a clear indication that all sides recognize the seriousness of this issue and the need to move forward on provincial legislation to protect children with diabetes in schools.

Similarly, the Canadian Diabetes Association believes that **any provincial legislation to protect kids with diabetes in schools must include a requirement for all school boards in Ontario to establish and maintain a diabetes policy** with the following elements:

- **strategies that reduce the risk of an emergency occurrence** related to a student's diabetes;
- **a communication plan for the dissemination of information about diabetes** to parents, pupils and employees;
- **regular diabetes education for all employees and others who are in direct contact with students** on a regular basis; and
- **a requirement that every school principal develop an individual medical care plan** for each student with diabetes

Legislation is needed now to ensure the health and safety of all children with diabetes in Ontario schools. This will prevent a potential tragedy and enable children with diabetes to fully participate in all aspects of their schooling and provide them with the positive educational experience that all children deserve.

¹ Type 1 diabetes is a disease in which the pancreas does not produce insulin. It usually develops during childhood or adolescence. Up to 10% of people with diabetes have type 1, formerly known as "juvenile" diabetes. Treatment consists of lifelong therapy with insulin (and possibly other medications) and careful attention to diet and physical activity.

² Symptoms of hypoglycemia can include: trembling; palpitations; sweating; anxiety; hunger; nausea; tingling; difficulty concentrating or speaking; confusion; weakness; drowsiness; vision changes; headache; dizziness.

³ This legislation requires school boards to have policies that include: 1) training for school staff on dealing with life-threatening allergies on a regular basis; 2) creating individual plans for pupils who have an anaphylaxis allergy; and 3) having emergency procedures in place for anaphylactic pupils.