

# KIDS

Kids and Diabetes  
in Schools

# INFORMATION PACK



International  
Diabetes  
Federation



**KiDS is an IDF programme undertaken in partnership with the International Society of Pediatric and Adolescent Diabetes (ISPAD) and supported by an educational grant from Sanofi**





# INFORMATION PACK

## Acknowledgements:

This resource was developed as part of the Kids and Diabetes in Schools (KiDS) programme. KiDS is an International Diabetes Federation (IDF) programme undertaken in partnership with the International Society of Pediatric and Adolescent Diabetes (ISPAD) and supported by an educational grant from Sanofi

If you are interested in translating this resource into your language, please check the conditions on: [kids.idf.org/resources](https://kids.idf.org/resources)

### **IDF thanks the following experts for their contribution to this resource:**

Ana Fernanda Sanchez, Anum Anwar, Apoorva Gomber, Daniela Rojas, Erum Ghafoor, Gun Forsander, Iryna Vlasenko, Jackie Maalouf, João Nabais, Lucila Gomes, Luis Eduardo Calliari, Mila Ferrer, Nurianne Arias, Paula Chinchila, Phyllisa Deroze, Radhika Shrivastav, Ronaldo José Pineda Wieselberg, Sarah Lawrence, Stacey Krawczyk.

### **IDF team:**

Beatriz Yáñez Jiménez, Bruno Helman, Daisy Vanheusden, Justine Evans, Lorenzo Piemonte, Lucy Michaeloudis, Manon Pichard and Phil Riley.

### **Illustrations and layout:**

Olivier Jacquemain (layout)  
Sergio R Ceron (illustrations)

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# Introduction

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## What is the Kids and Diabetes in Schools (KiDS) programme?

The International Diabetes Federation (IDF), the International Society for Pediatric and Adolescent Diabetes (ISPAD) and Sanofi initiated the Kids and Diabetes in Schools (KiDS) programme in 2013.

The aim of KiDS is to bring diabetes education to schools to fight diabetes-related stigma and promote healthy lifestyles that tackle preventable type 2 diabetes risk factors.



### Why KiDS matters

Schools play a central role in a child's life by shaping their education and behaviours. Promoting diabetes education and healthy lifestyles in the school environment can help ensure a healthy and prosperous tomorrow.

**Type 2 diabetes is the most common type of diabetes accounting for over 90% of all diabetes worldwide.**

**Although initially diagnosed in older adults, in recent years, in some countries, there has been a notable rise in type 2 diabetes among children and adolescents.**

**An estimated 1.9 million children and adolescents under the age of 19 live with type 1 diabetes.**

## About the KiDS Information Pack

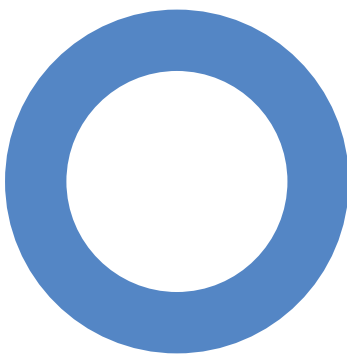
The KiDS Information Pack is an awareness and information tool created to inform **parents, teachers and school staff** about diabetes. It will guide you to school environments free from diabetes stigma and support diabetes care.

It is an information resource and is not intended to replace the advice of a diabetes care team available in your country.



### Objectives of the KiDS Information Pack:

Increase awareness of diabetes **among parents, teachers and school staff.**  
**Help parents, teachers and school staff address the topic of diabetes.**



### The story behind the Blue Circle

The blue circle represents a uniting call to improve the lives of people with diabetes and prevent diabetes in those at risk. It was introduced in 2006 as a symbol of support for the UN "World Diabetes Day" Resolution. The colour blue represents the sky and the flag of the United Nations.



## Using the KiDS Information Pack for diabetes education

The KiDS Information Pack is a resource designed for diabetes education in schools. It does not replace the advice of a healthcare professional. The Pack provides key information on understanding and demystifying diabetes, diabetes management and diabetes at school. It intends to help parents, caregivers, teachers and school staff learn about diabetes and support children with its diabetes management.

To maximise this resource, consider running a KiDS educational session. Engaging students in discussions and interactive learning helps create an inclusive, informed and supportive school environment.



You can learn more about using the KiDS Information Pack in the Implementation Guide.

# Understanding and demystifying diabetes

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## What is diabetes?

Diabetes occurs when the pancreas stops producing insulin and the body cannot use insulin properly. Insulin is a hormone that helps your body manage the amount of sugar (glucose) in your blood. Without insulin, glucose builds up in the blood instead of being used as energy by cells, causing high blood sugar (hyperglycaemia). Taking steps to prevent or manage diabetes may lower the risk of developing diabetes-related complications.



There are three main types of diabetes:

**TYPE 1  
DIABETES**

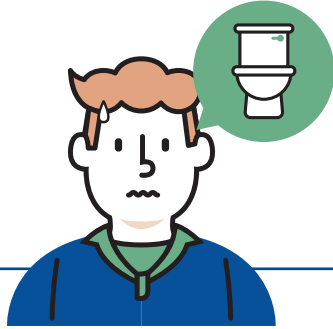
**TYPE 2  
DIABETES**

**GESTATIONAL  
DIABETES**

This information pack focuses on type 1 and type 2 diabetes.

## Identifying the signs of diabetes

The **most common symptoms of diabetes** are commonly called the “4Ts”, which stand for:



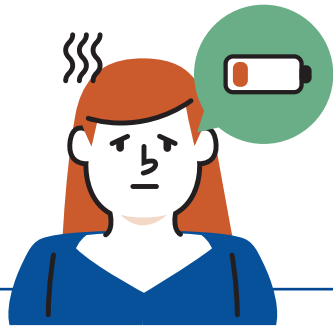
### Toilet

going to the toilet a lot, bed wetting by a previously dry child or heavier nappies in babies



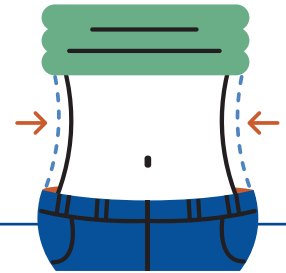
### Thirsty

having extreme thirst and not being able to quench the thirst



### Tired

feeling more tired than usual



### Thinner

losing weight or looking thinner than usual

Type 1 diabetes can start before symptoms appear. Symptoms can develop over a few days or weeks or, sometimes, months. On the other hand, symptoms of type 2 diabetes are usually mild or may not even be present. Therefore, people with type 2 diabetes can live for several years with the condition before receiving a diagnosis.



Contact a healthcare professional immediately if you or your child have these symptoms.

## What is type 1 diabetes?

Type 1 diabetes can develop at any age but usually affects children and adolescents.

Type 1 diabetes occurs when the pancreas stops producing insulin.

It is an autoimmune disease, which means the body's immune system attacks the pancreas, destroying insulin-producing beta cells in the pancreas. Because the body no longer produces insulin, it cannot manage the amount of sugar in the blood.

Although type 1 diabetes is not hereditary, siblings and children of people with type 1 diabetes are at a higher risk of developing diabetes compared to someone with no family history of diabetes.



Type 1 diabetes is not preventable.  
It is not linked to nutrition or physical activity.

## What is type 2 diabetes?

Historically, type 2 diabetes usually developed in older adults. However, due to rising levels of obesity, sedentary habits and unhealthy food options, type 2 diabetes is increasing in children, adolescents and younger adults.

Type 2 diabetes occurs when the pancreas does not produce enough insulin or the body does not react to insulin. This is known as insulin resistance. If this happens, the body cannot manage blood glucose levels.



Genetics, behaviour and environment contribute to a person's risk of developing type 2 diabetes.

## Other types of diabetes

While type 1, type 2 and gestational diabetes are the most common forms of diabetes, other types of diabetes are just as important.

Two of the most common other forms of diabetes are:

**LADA** (Latent Autoimmune Diabetes in Adults) is a form of type 1 diabetes that develops in adulthood and progresses at a slower pace than type 1 diabetes.

**MODY** (Maturity-Onset Diabetes of the Young) is a rare genetic form of diabetes that usually develops before age 25 as a result of gene mutations.



## Myths about diabetes

**MYTH:**

Diabetes means a poor quality of life.

**FACT:**

Diabetes is a manageable chronic condition. Furthermore, sometimes type 2 diabetes can be reversed. With the right treatment plan, a healthy lifestyle and proper support, people with diabetes can lead long, active and fulfilling lives.

**MYTH:**

Eating too much sugar causes diabetes.

**FACT:**

When people develop type 1 diabetes, it is because their bodies can no longer produce insulin. It has nothing to do with eating habits. Multiple factors cause type 2 diabetes, not just unhealthy eating habits and eating too much sugar.

**MYTH:**

You can catch diabetes from another person.

**FACT:**

Diabetes is not contagious, so you cannot catch it from someone else.

# Diabetes management

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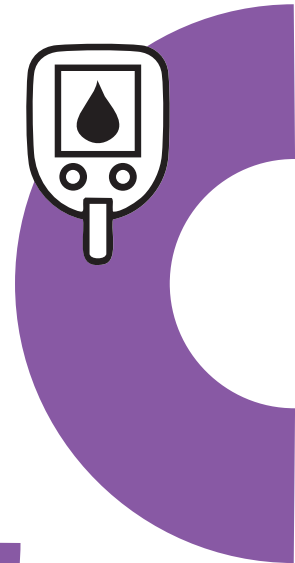
## Pillars of diabetes care

Diabetes is a life-long condition and requires continuous care. Below, you will find a brief explanation of some of the most relevant treatment options:

### Taking medication



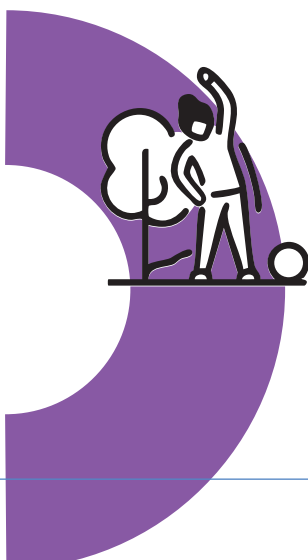
### Monitoring blood sugar



### Healthy eating



### Being physically active



### Mental health and emotional well-being



## Taking medication

People with diabetes may need to take medication to lower their blood sugar levels. These medications typically include insulin and/or pills. They help people with diabetes manage blood sugar and feel generally better.

### INSULIN:

All people with type 1 diabetes and some people with type 2 diabetes need insulin treatment to manage blood sugar. Consequently, they need to take insulin several times a day, including at school.

Insulins are classified by the timing of their action in the body, specifically, how quickly they start to act, when they have a maximal effect, and how long they act – onset, peak effect, and duration.



People with diabetes can administer insulin via injections using a pen or syringe or through continuous infusion with an insulin pump, a small device attached to the body that dispenses insulin.

## Monitoring blood sugar

People with diabetes, especially those taking insulin, must measure their blood sugar (glucose) levels to manage their condition. The most common ways to measure blood sugar levels are :

### BLOOD GLUCOSE METER (BGM):

A small device that uses blood samples from a finger prick, test strips and portable meters to measure blood glucose levels.



### PILLS:

People with type 2 diabetes usually use oral agents to help manage blood sugar levels. These are typically available in pill form, either as tablets or capsules. However, not all oral agents are strictly "pills," as some may come in a liquid or dissolvable form.

Additionally, some people with type 2 diabetes may need other types of medication such as injectables.



### CONTINUOUS GLUCOSE MONITOR (CGM):

CGMs use small sensors placed under the skin in fatty areas like the arm, belly, thigh or buttocks. They transmit glucose levels in real-time to a receiver, insulin pump or phone app alert and can send alerts when glucose levels are too high or low.

Because the phone or receiver connected to the CGM has a limited transmission range, it should always stay within reach.



## Healthy eating

Healthy nutrition includes all major food groups, helps keep blood sugar levels within the target range and delays or prevents diabetes-related complications. An example of a balanced diet is a mix of colourful vegetables, fruits, whole grains, dairy, lean proteins and healthy oils. Ingredients to avoid or limit are salt, added sugars, saturated fats and trans fats.

For people with diabetes, a healthy and balanced diet that includes all major

food groups is important to help keep blood sugar levels within the target range and delay or avoid diabetes-related complications. Although all foods are permitted, knowing which foods impact glucose levels and adjusting portions accordingly is important.

This means all students with or without diabetes should prioritise healthy and nutritious eating whenever possible.

... Read more about healthy nutrition in the "Diabetes and Well-being Guide"

## Physical activity

Being physically active means following the World Health Organization (WHO) guidelines for movement. According to WHO, physical activity includes any movement that burns energy, whether during leisure time, commuting to and from school, or as part of academic activities. Both moderate and vigorous physical activities contribute positively to health. Common ways to stay active include walking, cycling, participating in sports, engaging in recreational activities, and playing.

Regular physical activity enhances cardiovascular health, supports weight management, boosts mood, reduces stress, and promotes overall mental well-being, leading to a healthier and more balanced lifestyle.

Additionally, there are extra benefits for diabetes management as physical activity improves insulin sensitivity. This means that students with diabetes often need to adjust their insulin dosages when participating in play, sports practices or physical education classes. For safe practices, it's important to follow specific guidelines.

... Read more about physical activity in the "Diabetes and Well-being Guide"

## Mental health and emotional well-being

Mental and emotional well-being are core components of diabetes care. Managing the condition requires a constant balance of blood sugar monitoring, treatment, and physical activity. There are no days off with diabetes, and the condition extends beyond the physical, impacting behaviour, emotions and social interactions. Seeking support from a mental health professional and peers with diabetes, and encouragement from family and friends can play a vital role in reducing the emotional burden and promoting overall well-being.

Living with a lifelong condition can be difficult to accept at first, especially for children and teenagers who are still learning to manage their emotions. Sometimes, students with diabetes experience stigma and discrimination due to a lack of understanding and diabetes education. The latter is key to building knowledge, fostering acceptance, and creating a safe and inclusive school environment to eliminate feelings of exclusion.



Read more about how emotions affect mental health in the “Diabetes and Well-being Guide”.



# What is a "hypo" and what to know

## Causes, symptoms and what to do

A "hypo" or hypoglycaemia occurs when blood sugar levels drop too low, usually below 70 mg/dL (4.0 mmol/L). If left untreated, blood sugar levels can continue to drop, leading to serious complications. Low blood sugar/glucose can be caused by:

- ❗ **Taking too much insulin or diabetes medication** – Taking more insulin or diabetes medication than needed can lower blood sugar levels.
- ❗ **Skipping or delaying meals and not eating enough carbohydrates** – Missing a meal or snack can lower blood sugar levels.
- ❗ **Intense or prolonged exercise** – Physical activity can use glucose faster than usual, especially if medication and food intake are not adjusted accordingly.

## Signs of hypoglycaemia



Shakiness,  
dizziness or  
weakness



Sweating  
or chills



Confusion  
or difficulty  
concentrating



Hunger  
or nausea



Rapid  
heartbeat



Irritability  
or mood  
changes

## What to do if a child has a hypo:



Act quickly and make sure the child checks their blood sugar level if possible.



Ensure the child consumes 10-20 grams of fast-acting carbohydrates, depending on the child's age, such as glucose tablets, fruit juice, sugar-sweetened soda, or sugar.



After 15 minutes, check blood sugar levels and repeat these steps until levels stabilise.



Follow with a planned snack or meal.



**Monitor the child's consciousness. If they become unconscious, place them in a recovery position and seek medical help immediately. Notify parents or carer as soon as possible.**

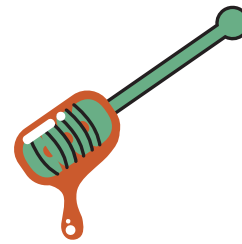
## Examples of fast-acting carbohydrates



Glucose tablets (4-5)



Fruit juice (150-200 ml)



Honey (1 tablespoon)



Sugary beverages (75-100 ml)



Jellybeans (4-5)



Remember that children may have food allergies, so ensure the options are safe for them.

## What NOT to use for low blood sugar (hypo)



Chips



Chocolate or candy bars



Diet sodas

## What is a “hyper” and what to know

### Causes, symptoms and what to do

A “hyper” or hyperglycaemia occurs when blood sugar levels are too high, typically above 180 mg/dL (10 mmol/L). It can develop gradually and may be caused by several factors, including:

- ❗ Missing or taking too little insulin or diabetes medication or timing of doses.
- ❗ Eating too many carbohydrates (sugary or starchy foods) without balancing insulin or physical activity.
- ❗ Stress during exams, infections or illnesses like colds, flu or COVID-19 can cause the body to release stress hormones (like cortisol), which increase blood sugar.
- ❗ Inactivity or a sedentary lifestyle can reduce insulin sensitivity, making it harder for the body to regulate blood sugar.
- ❗ Dehydration can raise blood sugar levels.

### Signs of hyperglycaemia

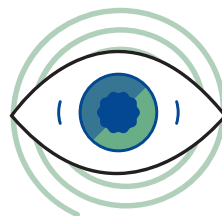
Likely, these symptoms will only appear when the levels exceed 250 mg/dL.



Increased thirst



Frequent urination



Blurred vision



Fatigue or drowsiness



Headaches



## What to do if a child has a hyper:

If left untreated, prolonged hyperglycaemia can lead to complications like diabetic ketoacidosis (DKA) or long-term organ damage.

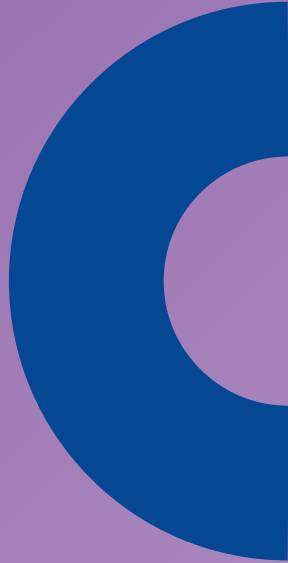
- ! Use a glucose meter or CGM to confirm high blood sugar and check blood sugar every two hours.
- ! If the blood sugar level is equal to or higher than (13.5 mmol/L or 250 md/dL), contact the parents or carer or school nurse for further advice.
- ! Give water to help flush out excess sugar.
- ! Avoid sugary drinks like juice or soda, which can raise blood sugar levels further.
- ! Encourage light physical activity like walking to help lower blood sugar.
- ! If prescribed, follow the child's insulin plan to lower blood sugar safely. Never give extra insulin without medical guidance.

Tell the parents or carer and the school nurse if hyperglycaemia reoccurs over several days.



**If the child feels nauseous, confused, has fruity-smelling breath, or rapid breathing, seek immediate medical help—these may be signs of DKA—and notify parents or carer. In any event, always inform them.**

# Diabetes in school



## Students with diabetes:



Should have free and unrestricted access to water and the restroom.



Need to do blood sugar checks regularly.



Need to inject insulin or take medication whenever required as indicated in their Diabetes Management Plan.



Need to carry their diabetes devices at all times and have access to their hypo snacks.



Should eat lunch with their classmates at the scheduled time with enough time to finish the meal.



May need to eat outside scheduled mealtimes.



Can attend physical education (gym class) and other extracurricular activities, including field trips and camp.



**Students should be able to decide whether they want to take medication in the classroom in the presence of classmates. This should be approached as a normal part of daily life for someone with diabetes. Naturally, other students may be curious. Teachers can use this opportunity to educate them about diabetes while respecting the privacy of the student.**

**If a student prefers more privacy, the school should provide a clean, safe and private space that is not the school toilets.**

## Diabetes and physical activity

Physical activity is a key component of diabetes management. With few special considerations, a child with diabetes can fully participate in all activities **that involve "moving the body" available in schools, such as physical education classes, playing in the playground, sports classes, and so on.**

The duration and intensity of exercise will have an influence on blood sugar levels. To avoid low blood sugar episodes, a child with diabetes may need to eat an additional snack before, during and after exercising.



**All students with diabetes need to have their "Hypo snacks" (see guidelines in annex).**

## Diabetes and eating in school

All children, with or without diabetes, need proper nutrition for energy, healthy growth and brain development. Use your national food guidelines (pyramids, wheels or plate models) for examples of balanced and healthy eating.

When we eat or drink, food is broken down into nutrients, including glucose (sugar), which enters the bloodstream. Because the pancreas of children with type 1 diabetes does not produce insulin, glucose builds up in the bloodstream, leading to high blood sugar levels.

This is why most students with type 1 diabetes need to inject insulin every time they eat foods with carbohydrates.

Children with type 1 diabetes need to carefully count carbohydrates in their food to determine the correct amount of insulin to take. Sometimes, a parent or carer may calculate carbohydrate content when preparing meals or snacks. However, there may be times when students need support from school staff.

... Learn more in the "Diabetes and Well-being Guide"

## School canteens and vending machines

When students with type 1 diabetes buy food from the canteen or vending machines, consider the following so they can manage their condition better:



Ensure foods and drinks have clear carbohydrate content labels to help with insulin dosing.



Offer a variety of healthy and balanced options suitable for all students.



Support meal planning by discussing suitable choices with parents and students.



Train canteen staff to assist with nutritional information and provide appropriate alternatives when necessary.

## Making classroom celebrations inclusive for children with diabetes

Birthday parties and social events are some of the most exciting moments for students in the classroom, and children with diabetes should be able to enjoy them just like their peers. With some planning, they can fully participate and safely manage their condition. Teachers should inform parents of students with diabetes in advance, allowing them to contact the event organiser and find out what food and treats will be served. This helps parents plan accordingly with their child and a responsible adult, ensuring they make informed choices about what to eat and drink and how to adjust insulin if needed.

The key is timely communication and balanced moderation. With this approach, there is no need to restrict students with diabetes from enjoying birthday parties and social events at school.



Learn more in the "Diabetes and Well-being Guide"

## Supporting students with diabetes during exams

Exam stress increases the risk of hypers or hypos for students with diabetes.

They should be allowed to:



Have water and snacks with them.



Use the restroom freely.



Keep a "hypo kit" with a glucometer in the event of low blood sugar.



One helpful method is the "stop the clock" which uses a timer. If a student experiences low blood sugar during an exam, the moderator can pause the timer, allowing them to eat and recover while ensuring they receive their allotted time.

## Diabetes and extracurricular activities

Children with diabetes can participate in all extracurricular activities, including field trips and sleepovers.

### Before the field trip or sleepover

#### 1. PLANNING

Clear, timely and honest communication between the parents of a child with diabetes and the school staff or host family will create a successful and enjoyable experience.

School staff should inform parents about field trips, especially those involving overnight stays, and include them in the planning process as early as possible.

#### 2. EDUCATING

Parents need to clearly explain their child's condition to the school staff or host family in plain language without medical jargon and allow time for questions. They should also provide the child's diabetes management plan and discuss the support expected from school staff or the host family.



**Use the Diabetes Management Plan template in the annex. Review it with the medical team before distributing it to the adult in charge.**

Remember to cover the essentials: blood sugar monitoring, insulin administration, meals and snacks, how to handle low and high blood sugar, emergency procedures, and bedtime routines. If possible, arrange an in-person meeting or video call for a more personal touch and to demonstrate how the diabetes management devices work.



**For sleepovers, remember that the host family may not be able to meet all of the child's specific needs, so parents need to remain flexible and understanding. If this is the first time hosting, the family may feel uncertain. In such cases, offer to visit their home to help administer insulin, check blood glucose or change diabetes devices. While managing the child's diabetes is essential, it should never prevent them from having fun and enjoying quality time with their friends.**

### 3. ALIGNING EXPECTATIONS

Use this opportunity to align communication expectations based on the family, the child's needs and the capacity of the school or host family. Constant calls or messages from parents, school staff or host families can become disruptive and overwhelming. While some parents and children may prefer regular updates, frequent communication can lead to homesickness or negatively impact the child's experience, especially on field trips. We recommend limiting communication between adults to once a day, ideally without involving the children.

**Remember, no news is good news.**

### 4. PACKING

When preparing the child's bag, include everything they need for diabetes management during the activity. This may include:

- ❗ Glucose meter, test strips, lancets, insulin and/or other diabetes medications, syringes/pens, pump supplies and a backup insulin delivery method. Don't forget batteries for glucose meters, insulin pumps and transmitter chargers.
- ❗ If possible, pack extra diabetes supplies in a separate bag, ideally double what is needed.
- ❗ Be sure to include fast-acting glucose, such as glucose tablets, gel, or juice boxes, to treat or prevent hypoglycaemia.
- ❗ Pack extra snacks in case of unpredictable schedules or increased physical activity.



If the activity involves heat or extended outdoor periods, consider packing unused insulin in a cooling bag, a cooler box with ice packs, or other cooling devices to maintain effectiveness.

### 5. PREPARING THE CHILD

A child with diabetes needs to feel comfortable and confident during the activity. If this is their first time travelling or sleeping away from home, they may feel insecure or anxious.

Parents should emphasise that this is an excellent opportunity to bond with friends, try new experiences and highlight the action plan established by the school staff or host family.



If they haven't learned yet, teach them how to recognise the symptoms of high and low blood sugar. Remind them they should immediately inform an adult if they don't feel well.



## During the field trip or sleepover

The school staff or the host parent in charge should remain accessible throughout the activity, adhere to the diabetes management plan provided by the family and ensure the child feels supported without being overprotected. The supply bag—especially the hypo kit—should be within the child’s reach at all times, including at night.

The child should feel included in all activities and not be treated differently because of their condition.



**If the child is responsible for their care, support them by asking if they need assistance instead of reminding them of specific tasks (e.g., checking blood sugar and taking insulin).**



**In an emergency, the adult in charge must contact the medical doctor and parents immediately.**

## After the field trip or sleepover

Parents should follow up with the child and the adult in charge (school staff or host family) to discuss how the activity went.

Ask about the child’s experience, feelings, notable events and any improvements for future activities.

# Annex

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## Tips for creating a supportive school environment for students with diabetes

This document provides tips for different people involved in the school environment to empower them in creating a supportive school environment for students with diabetes. If it takes a village to raise a child, it takes a collaborative effort from the school community to offer an inclusive environment for a student with diabetes.

First of all, managing expectations is key. Although we would love for every school to provide diabetes management for students with diabetes, this is not the case. In some schools, legal restrictions prevent staff from providing health care, while in other schools,

staff are unaware of or need more education on the condition. These dilemmas call for open and respectful communication for a path to success.

If the school refuses to enrol a child, refuses to provide the required diabetes care or demonstrates any form of discrimination, avoid direct interaction. Instead, contact your local diabetes association, which can advise you on the best measures to take.

The table below provides specific recommendations for each target audience and a suggested timeline:

WHO	WHAT	WHEN
<b>School direction</b>	Organise and facilitate a meeting with the parents, class teacher, relevant school staff, and, if the student is comfortable, the student. This will allow parents to share their child's needs and provide information about diabetes.	At the start of the school year and/or according to the student's needs
	Draft a plan with the parents and the student's medical providers to confirm emergency procedures, including contact numbers, and ensure school staff know how to proceed.	At the start of the school year and/or according to the student's needs
	Ensure that school policies and procedures for administering medications and handling devices, such as glucose meters, insulin pens, and pumps, are established and that school staff know how to proceed.	At the start of the school year
	Develop an action plan for managing high and low blood sugar episodes and ensure school staff is trained on the appropriate response.	At the start of the school year
	Help organise diabetes educational sessions in the school, or at least in the classroom of the student with diabetes.	At the start of the school year

WHO	WHAT	WHEN
<b>Parents of students with diabetes</b>	Inform the school about the student's condition.	Upon diagnosis and at the start of the school year
	Help your child understand their condition by providing clear and accurate explanations so they feel confident and capable when participating in school activities.	Continuously
	Ensure the health team provides a diabetes management plan and updates it regularly.	Continuously
	Share the diabetes management plan with school staff.	At the start of the school year or when changes in the treatment
	Provide necessary supplies and medication for the student.	Continuously
	Agree with school staff when they should be contacted.	At the start of the school year
	Organise/ allow the organisation of diabetes educational sessions.	At the start of the school year and according to the student's needs

WHO	WHAT	WHEN
School staff	Learn about diabetes. Understanding the condition can help students feel supported and included.	Continuously
	Support the child with diabetes at school.	Continuously
	Normalise the needs of students with diabetes and encourage them to manage their condition independently, without being overprotective or paternalistic.	Continuously
	Give the child the freedom to check their blood glucose levels whenever needed.	Continuously
	Provide a safe place for the child to administer insulin.	Continuously
	Learn the signs and symptoms of low and high blood sugar.	At the start of the school year
	Know how to cope with a child who has low and high blood sugar.	At the start of the school year
	Keep an open and transparent communication with students' parents, especially when something is not working correctly.	Continuously
	Ensure the child with low blood sugar is supervised and not left alone.	Continuously
	Ensure the student can eat whenever necessary.	Continuously
	Provide unlimited access to water and the bathroom.	Continuously
Organise or allow the organisation of diabetes educational sessions.	At the start of the school year and according to the student's needs	

WHO	WHAT	WHEN
<b>Student with diabetes</b>	Tell the teacher when going low if possible.	Always
	Tell the teacher when feeling unwell.	Always
	Bring diabetes devices to school.	Always
	Perform diabetes management, including insulin administration and blood glucose monitoring, according to your plan.	Continuously
	Carry fast-acting carbohydrates in case of low blood sugar.	Continuously

WHO	WHAT	WHEN
<b>Student without diabetes</b>	Welcome back your classmate with diabetes and do not treat them differently.	Upon diagnosis
	Tell the teacher when they notice that their classmate with diabetes is having a hypo.	Continuously
	Ask how to help your classmate with diabetes when you notice they are feeling unwell.	Continuously





**International  
Diabetes  
Federation**

**KIDS**

**Kids and Diabetes  
in Schools**

**[kids@idf.org](mailto:kids@idf.org) | [kids.idf.org](http://kids.idf.org)**