



Department of Early Education and Care

THE COMMONWEALTH OF MASSACHUSETTS

EEC Child Care Licensing

TECHNICAL ASSISTANCE: Diabetes and Early Education and Care

Issue: Some early education and care programs have expressed concerns about their ability to safely and appropriately serve children with diabetes.

Discussion: Diabetes care for most children involves blood sugar (glucose) monitoring and insulin treatment. Most early education and care programs do not have licensed medical professionals on staff in their programs. Fortunately, the most urgent need of the diabetic child is to avoid *low blood sugar*, which can be detected and treated easily with minimal training and effort. Please note that, pursuant to the provisions of the Americans with Disabilities Act, early education and care programs cannot refuse to accept a child into the program solely based upon the fact that the child has diabetes.

The traditional method of testing blood sugar levels involves pricking the finger with a lancet (a small, sharp needle), putting a drop of blood on a test strip and then placing the strip into a small, hand-held meter. The results are typically displayed in less than 15 seconds. If low blood sugar is detected, the treatment is even easier than the test. Giving the child some fruit juice is usually recommended. While the process may seem uncomfortable or even frightening to those unfamiliar with it, the risk of harm to the child is minimal; much smaller than the risk presented by untreated low blood sugar. ***Low blood sugar left untreated can become life threatening in a matter of a few minutes.***

High blood sugar, on the other hand, requires treatment with insulin. For children who do not have insulin pumps, an injection is needed. Calculating the amount of insulin needed and administering the injection are more difficult and require much more complex training than glucose testing, and the margin for error is small, with even the slightest error creating the possibility of life threatening problems. For these reasons, it is generally not recommended by medical professionals that educators administer insulin. In addition, the risk from high blood sugar generally takes days, or even weeks, to reach critical proportions. Therefore, if the child's blood sugar level is determined to be too high, parents can be contacted to administer the insulin injection without undue risk to the child.

Conclusion: When serving children with diabetes, providers should work with the child's parents and physician to develop an individualized health care plan. The physician should understand that program staff are generally not trained to administer

insulin. In some cases, the physician may order an insulin pump for the child.¹ In all cases the provider must obtain written authorization from the child's parents and physician and follow their directions for simple diabetes-related care. In most instances, this will involve monitoring the child's blood sugar (glucose) levels using the finger prick before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident.² Once the blood sugar level is determined, the provider must take whatever simple actions have been recommended by the child's parents and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment (lancets, test strips, monitor), training, and any special food necessary for the child. In addition, programs may want to work with a Certified Diabetes Educator³, or obtain additional information from the American Diabetes Association at <http://www.diabetes.org/> or the Joslin Diabetes Center at <http://www.joslin.org/>.

This conclusion is in accordance with formal settlement agreements between the United States Department of Justice, Civil Rights Division, Disability Rights Section and several early education and care programs in 1996 and 1997, pursuant to the provisions of the Americans with Disabilities Act. For more information about the application of ADA to early education and care programs, visit <http://www.ada.gov/childq%26a.htm>.

¹ Insulin pump companies are often willing to provide training to child care providers on request.

² As always, educators must follow standard precautions to protect themselves from exposure to diseases spread by blood and certain body fluids.

³ Certified Diabetes Educators can be found through the American Association of Diabetes Educators' website at <http://www.diabeteseducator.org/DiabetesEducation/Find.html>