



المدرسة العالمية الأمريكية
UNIVERSAL AMERICAN SCHOOL

Al-Futtaim Education Foundation

DIABETIC MANAGEMENT POLICY

Date of Review	02 September 2026
Next Review Date	01 September 2027
Owner	Director
Author	Dr. Asra Syeda
Version	Version 1
Policy Type	Board
Circulation	Internal
Date Authorized	02 September 2026
Authorized By	Board of Governors

UNIVERSAL AMERICAN SCHOOL

PO Box 79133, Al Badia, Dubai Festival City, Dubai, UAE
T: +971 4 232 5222 - F: +971 4 232 5545 - E: info@uasdubai.ae
www.uasdubai.ae



Purpose:

To acknowledge and help clarify the essential roles and responsibilities among the Diabetes Care Team (DCT), which is comprised of the student living with. Diabetes, his or her parents/guardians, school personnel and healthcare providers.

Goal:

- To ensure the proper medical management and safety of the student, minimizing the possibility that diabetes related emergencies might disrupt his/her educational and sports related activities.
- To promote a positive sense of self and belonging and help each student with diabetes feel empowered to manage their diabetes effectively during school hours.
- To ensure each student with diabetes is not excluded from any school activities because of diabetes, unless indicated otherwise in the student's Diabetic Management Plan (DMP).

Achieving these goals requires the collaboration of the parents/guardians, the student, the primary care provider, endocrinologist, the school doctor/nurse, and other members of the school staff.

Issues of concern:

- School-aged children with diabetes most often have type 1 diabetes and require insulin by injection or by a pump, throughout the school day.
- Some students, especially those that are very young, may be unable to check their own blood glucose (sugar) levels, or administer their insulin while at school.
- There is an increased prevalence of school-aged children with type 2 diabetes who may require oral medication or insulin.
- Students with diabetes spend 30-35 hours per week in a school setting; this represents more than half of their waking weekday hours. It is therefore vital that the student, parent/guardian, school personnel, and healthcare providers are clear and confident in their roles and responsibilities during this time.
- It is important that the needs of each student with diabetes are recognized and accommodated according to the student's DMP.
- It is essential that school personnel have accurate and current information about diabetes and how it is managed to reduce stigma and other problems that may put a student's health and safety at risk.

Diabetes Management Plan (DMP):

A student's DMP provides specific information and instructions to school personnel regarding the student's daily diabetes management and diabetes emergency plans.



A DMP should be developed by the student's personal Diabetes healthcare team and include the following information:

- Details of the treatment guidelines and the type of medical care and monitoring required which will then be informed to school personnel by the school doctor who are in contact with the student on a regular basis.
- The type of diabetes and diabetes medication/ insulin.
- Frequency of blood sugar monitoring and target range.
- Symptoms commonly experienced for hypoglycemia/hyperglycemia, appropriate treatments.
- A plan for prevention of hypoglycemia during periods of increased or changes in activity.
- A readily accessible emergency procedure for the student, including emergency contact information and treatment procedures for severe hypoglycemia or hyperglycemia.
- Outline the parental responsibility of carbohydrate counting and Coordinating the insulin adjustments with student's health care team if insulin is to be taken during school hours.
- Detail the health care services needed by the students at school.
- Evaluate the student's ability to self-manage and level of understanding of emergencies.

Roles and Responsibilities:

❖ Parents/Guardians and students:

1. The Parents of the diabetic student should meet the school doctor during the admission process and discuss their child's condition.
2. The Diabetes Management Plan form must be completed by the treating physician and should have the physician stamp on it. DPM should be submitted to the school clinic before the student starts to attend the school.
3. The parents should provide the following supplies to the clinic:
 - Glucometer with extra batteries, test strips and lancets.
 - Insulin pen with cartridges and pen needles
 - Glucagon injections
 - Glucose tablets, healthy snacks, and juices
 - For Insulin pump:
 - Infusion set Inserter (Quick sorter)
 - Reservoir
 - Extra batteries
 - Quick set paradigm (Cannula and tube which connect to the pump)



4. When the supplies are low, the clinic staff will inform the parents to replace it immediately.
5. The students coming to the school clinic for their blood glucose monitoring should come on time and report for follow-ups as required. The parents should ideally label the carbohydrates count of the food item to be taken during school hour.
6. The students who self-monitor their glucose should report to the teacher and should be accompanied to the school clinic if they are not feeling well or if the blood values fall below 70mg% or is above 250mg. In case of emergency school clinic staff should be informed immediately.
7. If the student's blood glucose level goes above 300mg % (or 250mg%+Ketone bodies), the parents will be contacted, and best course of action will be taken on student's condition. In the case of an emergency, the ambulance will be called.

❖ Clinic Staff

Roles and Responsibilities:

- All school staff with responsibilities for students with diabetes should be educated about diabetes, the symptoms and treatment of hypoglycemia and hyperglycemia, and respond to emergencies.
- Identify the student with diabetes to the concerned school including volunteers, substitute teachers, student teachers, and support staff.
- Student's medical record is maintained on the school's electronic database accessible to all the staff and in their physical files.

Daily Management:

To maintain optimal health, a student living with diabetes must balance medication, including insulin, food, and activity every day. A student experiencing hypoglycemia/hyperglycemia may be unable to perform school-related or other tasks.

With support from school personnel and school healthcare teams most students can manage their diabetes independently or with minimal support.

❖ Blood Glucose Monitoring:

Blood sugar monitoring will only be performed by the school doctor/nurse if there is mutual agreement with the parent/guardian as indicated in the student's DMP.

- The parents are ultimately responsible for making decisions based on results of blood sugar monitoring.
- Provide very clear instructions to the school in the student's DMP for frequency of blood sugar monitoring.
- Ensure that sufficient supplies are available to monitor student's blood glucose.



❖ Medication Administration:

- Insulin or oral diabetes medications will only be given to students by school doctor/nurse if there is mutual agreement with parents as indicated in the student's DMP.
- The school provides each student with a convenient, clean and safe location to administer insulin and/or diabetes medications.

Depending on the length of time since diagnosis and level of maturity students are encouraged to perform their own blood glucose monitoring and unless children have hypoglycemic unawareness (inability to tell when their blood glucose level is low), most should be able to let an adult know when they are experiencing hypoglycemia (low blood glucose).

Food and Special Events:

It is important that the school works closely with the family to plan special events such as classroom parties, field trips and other school-sponsored activities.

Healthy and nutritious meals and snacks at school with an accurate carbohydrate count and nutritional information will enable the student to incorporate special foods into his/her meal/snack plan and accordingly adjust the insulin dosage.

With planning, a student with diabetes can enjoy the same foods as everyone else. Unless indicated in the student's DMP, there are no "forbidden" food.

Every student looks forward to field trips. Even though many parents choose to chaperone their child and class on field trips, parental attendance should never be a prerequisite for participation by students with diabetes.

Untreated hyperglycemia may lead to emergencies like diabetic ketoacidosis (DKA). Parents/guardians will be called if a student is nauseous, vomits or shows signs of illness and referred to hospital for further management.

Symptoms of Diabetic Ketoacidosis (DKA)

- Dry mouth, fruity breath, extreme thirst, and dehydration
- Increased urination
- Nausea and vomiting
- Severe abdominal pain
- Shortness of breath
- Sleepiness or lethargy
- Depressed level of consciousness



Roles and Responsibilities:

Ensure the students' DMP includes an emergency plan and that all school personnel who work with the student have access to the plan and have been advised on how to recognize and respond to symptoms of severe hyperglycemia.

School Personnel and Healthcare Providers:

- School personnel should notify the school healthcare team if the student is unable to eat or vomits at school or shows signs of illness and the school doctor will inform the parents.
- If the student vomits and parents are unavailable, the school doctor will call 998 immediately or act according to the student's DMP

Students with diabetes should be encouraged to be participants in all school activities. Planning is essential, so that blood sugar levels are maintained within a safe target range; the major risk of both planned and unplanned activity is hypoglycemia.

Roles and Responsibilities:

Parents and students:

Determine any required changes from the usual regimen during periods of physical activity, sports or extracurricular activities and provide clear instructions to the school in the student's DMP for such activities. For example, any changes to insulin doses should be specified.

Ensure that the student's DMP indicates when physical activity should be restricted based on blood sugar levels being too low or too high.

Provide for extra snacks (e.g., carbohydrates) clearly marked for days the student is involved in extra activity.

School Personnel

- The PE team shall inform parent/guardian of any extracurricular activity, so that plans can be made around diabetes management.
- Have a readily available supply of fast-acting glucose for treatment of low blood sugar.
- Recognize that there is often a higher chance of hypoglycemia in the hours following intense physical activity and other intense activities and be alert to any signs of hypoglycemia in the student.

PS: See Attached emergency plan for hypoglycemia/hyperglycemia

Dr. Asra Syeda
School Doctor