

Disaster Preparedness

for Students with Diabetes

General Information

- A. It is most likely that even with a significant earthquake students will be safe at school. However, downed power lines, emergency vehicles, etc., may make it difficult or unsafe for them to be allowed to leave their location. In preparation for an earthquake, school districts should secure enough emergency food and medical supplies for 72 hours.
- B. If a credentialed school nurse is not available during a disaster, diabetes care (including insulin administration) given by any school personnel should be considered prudent and permissible by law due to the emergency nature of the situation. In addition, parents may choose to train a responsible friend or sibling to assist during a disaster.
- C. School personnel are to follow the procedures in the student's ISHP. Special adjustments in the daily insulin dose may be needed as well as nutrition accommodations.
- D. Recommendations for Insulin Dosage
 1. If insulin is available but there is a limited food supply then decrease their usual dose of NPH, Lente or Ultralente by 20%-30% for breakfast and evening (dinner or bedtime). Regular or Humalog/Novolog should not be given.*
 2. If the food supply meets the needs of the student's regular meal plan, decrease the NPH, Lente, Lantus or Ultralente for breakfast and evening (dinner or bedtime) by 10% and decrease the Regular or Humalog/Novolog before breakfast and before evening meal by 25%.*
 3. Follow physician's instructions if different from above.
- E. Nutrition Guidelines
 1. A specific meal plan regarding the amount of food and/or number of meals and snacks and the timing of meals and snacks should be included with the emergency food supply.
 2. If there is no insulin available during the disaster then sugar-free fluids should be encouraged as well as a diet consisting of fats and proteins (such as nuts); avoid carbohydrates, as this will significantly elevate the blood sugar without insulin.
 3. If possible, include a carbohydrate food and a protein food at each meal and bedtime.
 4. If protein foods are not available, then offer carbohydrate foods every 2-3 hours during the day.
 5. If the child is required to spend the night at school, the child should be given an appropriate snack or a bedtime snack bar, such as Nite-bite™.

** Rationale: hypoglycemia will be less likely to occur with these lower insulin doses and mild hyperglycemia one to three days is acceptable.*

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6. Examples for food supply:

Carbohydrate Foods:

Shelf/boxed milk
Canned milk
Carnation Instant Breakfast
Rice cakes
Granola bars
Pull top canned fruit
Pull top cans of pork-n-beans

Protein Foods:

Small jars of peanut butter
Pull top cans of chicken or tuna
Pull top cans of Vienna Sausage
Canned nuts
Beef Jerky
Cheese/cracker packages
Nite-bite™ or other types
of nutrition bars

Additional fluids:

Water bottles
Canned juice

Combination Foods:

Peanut butter/cracker pkg.

- F. The disaster supplies can be assembled, labeled as “Diabetes Emergency Supply” and stored in the health office so rotation of the insulin (at least every 6 months) and Glucagon (check expiration date) can be ensured. All supplies must be kept in a cool location or at room temperature to ensure proper function. Insulin and Glucagon are hormones, which can be denatured by extremes in temperature. Heat can cause insulin to “clump” or form crystals. Examine insulin for clumps or crystals prior to administering (denatured insulin will not cause harm, it will not be as effective, i.e. it loses its potency). This kit may be the same one used by the student on a regular basis or it can be designated specifically for disaster. The diabetes food supply may be included in this kit or stored separately.
- G. Recommendations for insulin dosage during a disaster should be reviewed with the physician as a different regimen may be prescribed for disaster situations (refer to Physician Authorization for Insulin Dose during a disaster).
- H. This disaster plan must be included in the Individualized School HealthCare Plan.