

## APPENDIX O

### DISASTER PREPAREDNESS: THREE-DAY EMERGENCY READINESS

**Include these pages along with copies of Low and High Blood Sugar Plan  
(Appendix P and Q) with Disaster Kit**

The primary needs for the child with diabetes would be the requirements for food and insulin. **Safety is the goal, so slightly higher than normal blood sugar levels are preferable.** Basically, the child needs enough food to prevent serious short-term problems of low blood sugars (hypoglycemia) and sufficient insulin to prevent ketoacidosis (from continually increasing high blood sugars).

The goal of sound diabetes management requires the balancing of food intake with insulin administration and level of activity. We believe that a child being kept at school during a disaster situation would likely have less activity and less readily available food for an extended period. Therefore, the child's insulin requirements would decrease.

#### INSULIN

**Orders for insulin amounts to be given during a disaster should be included in the Disaster Kit.**

Insulin orders can be documented using the “**Disaster Insulin Dosage**” form, page 104 of this Appendix or the **Healthcare Provider (HCP) Order Sheet** (Appendix K).

Instructions on how to administer insulin can be found in this Appendix. These insulin instructions are specifically designed to allow an adult, in an emergency situation, to supervise the child who performs this skill. It must be noted that a child with diabetes **cannot survive without insulin**. In a disaster situation, it may be necessary for a nonlicensed person to use these instructions to draw up and administer the insulin that a young child may not be able to administer on her or his own.

Registered nurses are not permitted by statute to delegate procedures requiring piercing of the skin. For further information on the issue of nonlicensed persons performing such skills in a disaster situation, refer to the letter dated March 15, 2000, to Judy Maire from the Nursing Care Quality Assurance Commission, Appendix L.

Parents may designate a PDA to provide care that a registered nurse may not delegate, such as insulin injections (see Appendix I). Even so, there may be a disaster situation in which an adult who is not a PDA would need these instructions.

#### BLOOD SUGAR CHECKS AND KETONE CHECKS

A means of checking blood sugar levels should be available. Either an extra meter that can be left at school or visual test strips may be used. Directions for use of the visual strips are on the container.

In a disaster situation, the nonlicensed person may need to assist the child with this skill. However, it should be noted that even very young children are often able to perform or assist in the blood sugar check.

It is also important to have ketone test strips available to measure urine ketones. This should be done if the blood sugar level is over 240 or if the child has been running higher than normal blood sugar levels. Ketones should also be checked if the child is not feeling well. If the child runs moderate or large ketones, a doctor should be notified as soon as possible. Attach a copy of the student's High Blood Sugar School Plan (Appendix Q).

Instructions for blood sugar and ketone checks can be found in this Appendix.

## NUTRITION

Orders regarding the amount of food and/or number of meals and snacks must be obtained from the dietitian and HCP and should be included in the Disaster Kit.

1. Try to offer three meals along with a mid-morning snack, an afternoon snack, and a bedtime snack at the usual meal/snack time.
2. If possible, include a carbohydrate food and a protein food at each meal and bedtime.

<u>CARBOHYDRATE FOODS</u>	<u>PROTEIN FOODS</u>
Bread Crackers Cereal Cereal/granola Bar Chips/pretzels	Cheese/cheese foods Meat/dried meat Canned tuna/meat Peanuts Peanut butter
Fruit/canned fruit Dried fruit Juice	
Milk	

3. If protein foods are not available, then offer carbohydrate foods every two to three hours.
4. If the child is required to spend the night at school, the child should be given a bed time snack consisting of a carbohydrate food and protein food or a bedtime snack bar such as Nite-bite™.

## LOW BLOOD SUGAR

If a child's blood sugar is less than 70, she or he should be given a quickly absorbed sugar source such as 4–8 oz. of juice, one-half of a can of regular pop, one to two packets of sugar, one packet of honey, or four to five hard candies. A serving of carbohydrate and protein food, such as cheese and crackers, half of a sandwich, or cereal and milk, should follow.

Attach a copy of the student's Low Blood Sugar School Plan (Appendix P).

## SUPPLIES

It is recommended that the parents provide a **three-day supply** of the following at the beginning of the school year:

- Blood sugar meter (with instructions) and meter strips or visual strips.
- Ketone strips.
- Insulin: may be stored in refrigerator but refrigerator may not be accessible during a disaster. Insulin at room temperature may begin to lose potency after one month. Label with date that it is brought to school and date when actually opened.
- Insulin syringes.
- Lancets.
- Antiseptic wipes or wet wipes.
- Small logbook to record insulin dose/blood sugar results.
- Bedtime snack bar, such as Nite-bite™, if used.
- Low blood sugar reaction food supplies: quick-acting sugar and carbohydrate/protein snacks. Send enough supplies for two to three episodes.
- Schools are generally prepared for inclement weather with food for one or two meals on hand. If a student needs specialized food, he or his parents should work with the HCP and/or dietitian and the food service manager to plan for emergency situations.

It is suggested that the diabetes supplies be replaced during the winter holiday season. This way what has been kept at school can be used before its expiration. It is important that supplies such as meter and all testing strips be kept at room temperature, as extreme heat or cold may impair function.