

Basic pointers for Training Testing Proctors

The Diabetes Foundation of Mississippi has created some basic pointers to train testing proctors. Whether the student has type 1 or type 2 diabetes, attention must be paid to blood glucose (BG) levels during testing to ensure the student is able to perform optimally during test taking.

- **Type 1 vs type 2 diabetes-**

Type 1 diabetes is autoimmune and cannot be prevented. It has nothing to do with being overweight or obese or eating too much sugar.

It is the most common form of diabetes in children and teens but anyone of any age can develop T1D.

It is thought that type 1 diabetes is triggered by a virus. In type 1 diabetes, the cells that make insulin are destroyed by the immune system so insulin must be used from the time of diagnosis.

Type 2 diabetes can be present in children and teens. The body still makes insulin but cannot use it efficiently. Many students with type 2 diabetes will use insulin to keep their BG in range. Others will use oral medication. Either oral medication or insulin can cause changes in BG that can affect the student's performance on tests.

- **BG can change rapidly** especially in type 1 diabetes. Changes in BG levels can cause situations such as **low BG** that require **immediate attention** during statewide testing. The brain only runs on glucose. If BG is too low (below 70 mg/dl), falling rapidly, or too

high (above 240 mg/dl) the student will not be able to think clearly or focus on the test...

- **Students MUST be able to check their BG during tests and treat if it if it is low or high.** Keep snacks and water with student and allow access to bathroom during tests, including state testing or ACT/SAT. The timer needs to be stopped and restarted once the student has treated their BG and the level is back in range (usually around 100-180 mg/dl). There are even situations where the test may have to be administered on another day if the student does not feel well enough to continue.
- Many students have a device called a **Continuous Glucose Monitor or CGM** that reads their BG every five minutes and can show whether the BG is rising, falling or staying steady. The devices either have a hand held device or are paired with a smartphone. Usually, the handheld device or smart phone will be kept on the proctor's desk during testing. **CGM devices have alarms for high or low BG- proctors MUST pay attention to these alerts and assist the student in treating BG if necessary (such as letting the school nurse know if BG is high or low)**
 - **Students that do not have CGM devices will need to test their BG with a meter and test strips** if they feel dizzy, shaky, thirsty, need frequent trips to the restroom or "just don't feel right.". Please don't embarrass the student if they say that they need to check their BG-let them check it! Timer will need to be stopped and restarted when student feels well enough to continue testing or their test rescheduled if they do not feel well.

And please remember that students who are concentrating on a test may not realize that their BG is going low or high. This is why it is important to know the warning signs of low and high BG...

- **Low BG-**

USE high/low handout to help proctors understand why lows happen and how to recognize and treat low BG. **Stress that both high and low BG can make a child sleepy. If no meter or CGM is available to check BG, always treat as low.** The rationale behind this is we can always give extra insulin to bring down high BG if the sleepiness was due to high BG but a low BG that continues to drop can cause a child to pass out.

It may take the student 90 minutes to feel “back to normal” after a low BG-tests may have to be administered later in the day or on another day. Adults and kids tell us that low BG makes them feel terrible so please be kind to the student!

- **Review high BG information on high/low handout**-thirst, needing to urinate, difficulty concentrating. High BG prevents children from being able to concentrate so please **allow them access to water and bathroom but understand, they may need to reschedule their tests.**

Discuss your school’s protocol for treating low BG based on the student’s Diabetes Medical Management plan, 504 or IEP. Should proctors call the school nurse to assist? Is student able to manage treatment?

- Kids that are not yet diagnosed with diabetes can have warning signs of high BG (thirst, frequent urination, irritability, sleepiness, toileting accidents in young children) and noticeable weight loss. Many teachers have picked up on these signs/symptoms and

notified the parent to take child for testing at doctor's office. It could be UTI, kidney problems or diabetes!

Remind them that kids (and adults) with diabetes can be sicker with the flu or stomach illnesses. Let the family know if GI illnesses or flu is going around the school. Stress hand washing to all students and staff plus importance of flu and COVID-19 vaccine in preventing illness.

- 1. New technology helps control BG and gives us new insight.** BG is in dynamic flux=it changes depending on stress, other hormones (thyroid hormone levels, stress hormone levels, growth hormone, etc...) Discuss insulin pumps/CGM and talk about how they have helped kids and adults with diabetes manage better (see Diabetes in 21st century handout).
- 2. Go over** Ten things a teacher should know handout. Remind teachers a little understanding and kindness goes a long way with kids who have a chronic medical condition. It can also set the tone for how classmates treat the student.
- 3. Look at algorithm on back of "10 things Teachers should Know" handout**-stress it is an example and is a guide to high or low BG symptoms and appropriate treatment from child's doctor's orders, They can fill it in with student info from their doctor's orders.
- 4. UMMC Pediatric nurses** suggested that school nurses make sure the student's DMMP is up to date from their last doctor's visits and to have parents give school nurses the range for student to test (for example 80-180 mg/dl) and DOCUMENT their request!
- 5. Questions?**