

Diabetes

PREAMBLE

This Diabetes Protocol addresses the components of Ministry of Education Policy/Program Memorandum 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthmas, Diabetes, and/or Epilepsy) in Schools.

Rationale For a Diabetes Protocol

The Diabetes Protocol is an information and resource manual to be used by school staff to assist in managing and supporting students diagnosed with diabetes (both type 1 or type 2) so students can learn in an environment that is safe and supported.

The goal of this protocol is to

- Enable students with diabetes to participate equitably and inclusively in all school activities as outlined in their Plan of Care.
- Educate school personnel about diabetes, its causes, symptoms, emergency treatments
- Outline responsibilities for the care and management of students with diabetes
- Provide strategies on how to support the student in the management of their diabetes in the school setting and at school sponsored activities off school site
- Minimize anxiety on the part of parents and school personnel by outlining appropriate steps to minimize risk and ensure the safety, health and success of students with diabetes while they are under school supervision

The ultimate responsibility for diabetes management rests with the family and the child. The ultimate goal of diabetes management within the school setting is to have a child be independent in managing their diabetes. The school role is to provide **support** as the child moves from dependence to independence and to create a supportive environment in which their transition can occur. This independence includes a specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also include the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

GUIDELINES

What is Diabetes?

- **Diabetes Mellitus:** Insulin is an essential body requirement and without it, carbohydrate (starch and sugars) in the food we eat cannot be converted into the energy (called glucose) required to sustain life. Failure of insulin production leads to a condition called diabetes mellitus. There are two major types of diabetes - type 1 and type 2.
 - Type 1 Diabetes** develops when the body's immune system destroys the insulin producing cells of the pancreas. Presently there is no cure for type 1 diabetes. Management of this conditions is done through careful meal planning, regular activity and taking insulin injections.
 - Type 2 Diabetes** in children/youth: develops when the pancreas does not produce enough insulin, and/or the body does not properly use the insulin it makes. Type 2 is presently affecting more of our children and youth and is linked to lifestyle factors such as obesity and sedentary living. Type 2 is a preventable and treatable disease by controlling weight e.g. exercising regularly and eating a healthy diet. Where diet and exercise is not enough to control disease it may be necessary to treat with oral medication or insulin.

Type 1 Diabetes – The Balancing Act: Insulin, Food, Exercise

The treatment of type 1 diabetes can be viewed as a balancing act. Food, on one side, increases the amount of glucose in the blood. Exercise and insulin on the other hand, lower the blood glucose level by allowing the glucose to be used for energy.

Three main variables of control: insulin, food and exercise:

- **insulin** lowers blood sugars and must be taken by injection, or by wearing an insulin pump. Younger students do not usually take insulin injections at school.
- **Food** raises blood sugars. The student must eat measured amounts of carbohydrates at certain times of the day in order to balance the injected insulin.
- **Exercise** usually lowers blood sugars. The student may take some juice or a snack before an activity to prevent blood sugar from going too low.

Activities that help keep blood sugars in a healthy range

- **Eat:**
 - Food is like a medicine to the student with diabetes. Eating is a key part of managing diabetes. To avoid a low blood sugar, it is important to:
 - Allow student to eat when they need to.
 - Encourage student to eat all the food as outlined in their prescribed diet and/or as prepared by their parents.
 - Provide sufficient time for the child to eat all the food (meal/snack). Supervising teacher to consider adjusting time requirements for eating.
 - When appropriate, the classroom teacher is to communicate with parent when there will be changes to the daily route routine (e.g. if snacks or activity times will be changed, extra activity, or an extended day (e.g. extra help, detention, sport activities)), so parents can ensure the child has additional snacks or make an insulin change to reduce the chance of a low blood sugar.
 - Food is not to be used as an incentive or reward to students.
- **Check Blood Sugar:**
 - The student will usually check their blood sugar level using a special meter, before eating a snack/meal, and/or whenever they feel unwell.

Conditions of Type 1 and Type 2 diabetes:

- Low blood sugar-Hypoglycemia
- High blood sugar-Hyperglycemia

Low Blood Sugar - Hypoglycemia

When supporting a student with type 1 diabetes the emergency situation you are most likely to encounter is low blood sugar also known as hypoglycemia reaction or insulin shock.

A low blood sugar means that the level of sugar present in the blood is inadequate for the brain to function properly. Every student will have their own unique signs and symptoms of feeling 'low' (refer to the Student's Plan of Care).

The key to keeping a student safe is managing a low blood sugar as soon as it is detected.

High Blood Sugar- Hyperglycemia

Hyperglycemia occurs when people with diabetes have too much sugar in their bloodstream. The three main symptoms of high blood sugar levels are increased urination, increased thirst and increased hunger. Testing blood sugar levels will help in managing hyperglycemia.

The Sick Child

Children with diabetes are no more susceptible to infection or to illness than their classmates. They do not need to be in a special 'health class' at school. Their attendance record should be normal.

When children with diabetes become ill with the usual fevers and other childhood sicknesses the blood glucose balance is likely to be upset. Careful monitoring with blood glucose and urine testing, a fluid diet and extra insulin may be required. Such illness management is the responsibility of the parent, not staff. When children with diabetes become ill at school, the parents should be notified immediately so that they can take appropriate action.

Vomiting and inability to retain food and fluids are serious situations, since food is required to balance the insulin.

If the child vomits, contact the parents immediately. If unable to reach the parents call 911. Inform EMS the child has diabetes.

Interference with school activities

When blood sugar levels are outside the target range (i.e. hypoglycemia or hyperglycemia) the student's learning, behaviour and participation may be affected.

Hyperglycemia and hypoglycemia may also affect the students' behavior. However, having diabetes is not an excuse for inappropriate behavior.

Duty of Care

This Diabetes Protocol for school administrators, teachers and other employees has been developed to meet the requirements of:

Education Act:

Education Act 265 (1): Duties of Principals

j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils

Education Act, Regulations: Reg. 298, S20: Duties of Teachers

g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible

Common Law Duties Owed by Teachers:

To assist or allow a student to seek medical attention as a 'careful parent' would. The board's liability policy provides coverage for employees acting within the scope of their duties with the board. Best, all school staff who administer first aid to a student who is suffering from diabetic emergency within the school or during a school activity, are covered.

Syringe Injections

Presently the SCDSB protocol for administering syringe injections is that the school staff do NOT administer insulin or glucagon injections.

Communication of Information on Diabetes

The Board public webpage offers resources that include information about diabetes that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with diabetes. School administrators are asked to consider including links in school newsletters, on the school website or in other pertinent areas.

This information is intended to assist people in understanding diabetes.

The school principal/designate shall work with staff and students to help ensure that a diabetes friendly school environment exists that is safe and supportive for all students.

Identification

Have a process in place where children with diabetes are identified to the school system by parents/guardians and requested to supply information on the condition.

- **Students, new to the school, during registration**

Question during intake meeting specifically asking whether or not child is diabetic (or has any other medical conditions). Diabetes Student Plan of Care provided to parent/guardian for further information regarding diabetes triggers, etc.

- **Students presently registered at school**

At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of diabetes (throughout the school year)

- **Ensure students medical condition(s) are entered** into the boards student database system.
- **Principals will ensure the creation/revision** of the Student Plan of Care and keep a copy of any prescriptions

Development of the Diabetes Student Plan of Care

The parent/guardian in consultation with the principal shall create, review and update the Plan of Care during September, or on the date as requested by the school administrator.

The plan shall be reviewed by the principal/designate in consultation with the parent/guardian/adult student following the Diabetes Protocol, on an annual basis or when there is a change in the child's condition or changes to the prescribed medication. Where appropriate the classroom teacher is to be part of the information sharing process.

The child's diabetes symptoms are to be identified and management strategies are to be developed and implemented.

Management of Type 1 or Type 2 diabetes through self-monitoring

Blood Sugar Testing

Blood sugar testing done by the student with diabetes is a means of monitoring the blood sugar balance. When at school, blood sugar is usually tested before meals, before/during/after exercise and when feeling 'low'.

Blood sugar levels will change with eating (before and after), physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.

Good management means avoiding very high or very low sugar levels and keeping as close to 'targets' as possible. Student 'targets', determined by doctor, are usually written in their diabetes diary or log book.

Knowing blood sugar levels will:

- Help the student understand the balance of food, medication, insulin and exercise
- Help the doctor adjust medication, insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia
- Give early warning without waiting for onset of symptoms

Equipment: A small meter, which runs on batteries (there are various meters on the market), test strips, lancet device, lancets, log book.

Procedure for Blood Glucose Monitoring

- The student washes hands with warm water and soap
- Inserts a lancet in the lancet device
- Pokes the side of the fingertip with lancet and obtains a drop of blood. (Some models of meters allow the student to use their forearm for testing, rather than fingertips).
- Place a small drop of blood onto the test strip that is inserted into a blood sugar meter, also called a glucometer.
- Waits for 5 to 45 seconds, depending upon the meter, to read the results.
- Records the reading of the blood sugar in logbook or automatically recorded in meter.

Responsibility of School Staff

- To provide a safe and appropriate location.
- Where requested on the Student Diabetes Plan of Care to read the meter (e.g. reading is below 4.0) and provide the fast-acting sugar.
- Arrange for the safe disposal of lancets, test strips etc. (e.g. a container for sharps is provided by the school)

- Where appropriate, for the clean-up, follow school policy regarding universal blood and body fluids precautions.
- To ensure a young student (FDK to grade one) or newly diagnosed student will have a trained supervisor who knows their signs and symptoms of low blood sugar and provide appropriate intervention (e.g. when classroom teacher is unavailable or when an occasional teacher is in the room), consider having two or more staff who can also provide supervision when the classroom teacher is unavailable (e.g. noon hour supervisor, first aid provider, educational assistant, school administration.)

Fast Acting Sugar Readily Available at School Site and for all Off-Site Activities

Fast acting sugar is to be taken by the student to prevent or treat low blood sugar e.g. 175mls (6oz) juice; or 5-6 LifeSavers; or 3 glucose tablets.

Students must be permitted to take fast-acting sugar anywhere, and at any time on school property, on buses, or during school sanctioned activities.

The fast-acting sugar supplies are to be provided by the parents.

Responsibility of School Staff

- Provide safe and appropriate location(s) for storage of fast acting sugar.
- To notify parents when supplies of fast-acting sugar are becoming depleted.
- To carry additional supplies when activities take place off school site.
- Support the child in being able to take fast acting sugar anywhere and anytime.

Ketone Self-Monitoring

Ketones are substances that can be detected in the blood by students with diabetes using a blood ketone testing meter. In hyperglycemia, glucose stays in the blood and the body cannot use it for fuel. The body then breaks down fat for fuel. This process produces ketones as a by-product. Rising ketone levels can spiral into the potentially dangerous condition known as Diabetic Ketoacidosis (DKA). If left untreated DKA can have serious life-threatening results.

Causes: Too little insulin for the body's needs. Build-up of ketones can be caused by:

- Illness e.g. flu and stomach viruses
- Hyperglycemia over 14.0 mmol/l
- Frequent vomiting
- Over a period of days when blood sugar levels aren't managed

Symptoms of ketoacidosis:

Excessive thirst, nausea and vomiting, weight loss, leg cramps, breath smells fruity, abdominal pain, blurry vision.

Treatment:

Students with diabetes monitor their ketone levels according to guidelines prescribed by their healthcare professional using a blood ketone testing meter.

Responsibility of School Staff

- School staff have no responsibility in the student's testing procedures of ketone levels.
- Be supportive.
- Provide safe and appropriate location.

Insulin Injections

Students with Type 1 diabetes (and some Type 2 diabetes) lose the ability to internally regulate their blood sugar levels because the pancreas no longer makes sufficient insulin. The student must try to control their blood sugar levels using injected insulin.

The student may have to take an injection of insulin at lunchtime.

Insulin injections vary with the individual. Most injections are administered outside the school hours (before breakfast, and supper and at bedtime). The student and family are responsible for administering the insulin injection at school.

Recent advances in medical devices allow people with diabetes to choose the way the minister their insulin:

INSULIN SYRINGE

- Insulin syringe are specially made syringes for self-injection of insulin.

INSULIN PEN

- Insulin pens look like a pen and allow the student to dial in the desired dose.

INSULIN PUMP

- The student who wears an insulin pump receives insulin continuously via a small catheter placed under the skin (stomach).
- The student must press buttons on the pump to receive the correct dosage of insulin.
- The pump must be worn 24 hours a day and can only be taken off for short periods of time such as for physical education class.

Responsibility of School Staff

- To provide a safe and appropriate location.
- **School Staff do NOT provide** insulin syringe injections or push the button on the insulin pump (bolus).
- If the student's insulin pump beeps, allow them to contact parents to problem solve issues related to the pump.

Protocol when student is having difficulty with their diabetes or parent request for school to perform a management protocol:

Principal should contact the Local Health Integration Network (LHIN) and outline the situation and/or parents' request. A diabetes educator visits the school, assesses the situation and makes recommendations based on what the school staff can and cannot do and what role the parents and LHIN have in the situation (e.g. the student may need more instruction on the device).

Elementary Students – Helping the young student with diabetes succeed:

- Clear and regular communication between the parents and the school.
- Parents should be notified each time their child has a low blood sugar.
- Understanding that the young student (FKK, grade 1 & 2) may be unable to recognize the symptoms of low blood sugar and/or effectively communicate why they are feeling unwell. Being attentive to subtle changes in mood and behaviour can help a teacher identify when a student is experiencing a low blood sugar.

High and low blood sugars can make it difficult for the student to concentrate during class time, including tests and exams.

School Support:

- If a student misses classroom time, or if his/her cognition is impacted by lows and highs, give extra time to make up missed work, and other assignments.
- Accommodations for examinations, tests and quizzes. Students with diabetes are to be allowed to keep a diabetes emergency kit at their desk, including a glucose meter, hypoglycemia treatment, and snacks as required. In the event of a hypoglycaemic event in the half hour proceeding or at any time during an exam, a student is to be granted an additional 30-60 minutes as needed to allow for cognitive recovery from hypoglycemia.
- Encouragement and support from teachers can provide an important safety net for students who tried to adjust to all their new responsibilities.

Elementary Schools - Special Concerns for the Young Student

Checking Blood Sugars

The age at which a child is able to perform self-care tasks, such as checking their blood sugar is very individual and variable. The ability to use a meter develops much more quickly than the capacity to interpret the results. By age 8, most children can independently perform their own blood sugar checks.

Lunch/Nutrition Breaks:

- Allow students to eat when they need to.
- Encourage Student to eat all the food as outlined in their prescribed diet and/or as prepared by their parents.
- Teacher providing sufficient time for the child to eat all of the food is important because eating inadequately, delaying a meal or skipping a snack and easily cause low blood sugar.
- When appropriate classroom teacher to communicate with parent when there will be changes to the daily routine (e.g. if snack or activity times will be changed, extra activity, or an extended day (e.g. extra help, detention, sport activities)) so parents can ensure the child has additional snacks or make an insulin change to reduce the chance of a low blood sugar.

Supervision of students with diabetes during lunch/snack time:

When supervising multiple classrooms where there is/are student(s) with type 1 or type 2 diabetes the following strategies are to be in place:

- School has a process in place to identify the student in the classroom to the supervisor (teacher, noon hour supervisor, occasional teacher), and/or all lunch supervisors are instructed that prior to supervision duties to check each room for students with type 1 or type 2 diabetes.
- School administrator is to check that the supervisor (staff members, occasional teacher, paid lunch room supervisors) have been trained in recognizing the symptoms of a low blood sugar and knows the procedures and managing a low blood sugar reaction and/or emergency response procedures.
- Classes may use student monitors who can assist the supervising teacher.
- Students are to be in-serviced on their role as monitors and provided with direction to access the supervising adult immediately when the need arises.
- The identified student with diabetes, where appropriate, may be assigned an eating 'buddy' to access the supervisor immediately in case of an incident.
- Where age-appropriate, students in the class may be taught how to contact the office using classroom communication system in case of an emergency.
- Supervising adult informs students of his/her location of supervision (e.g. identifies the classroom he/she will be supervising).
- The following has been reviewed with the student with diabetes ahead of time:
 - To have their monitoring kit with them, at all times.
 - Recognize signs of low blood sugar.
 - Inform supervising staff member when they feel unwell/experiencing low blood sugar.
 - To eat all the food as outlined in their prescribed diet and/or as prepared by their parents.

Extenuating circumstances, (e.g. newly diagnosed student) may require further accommodations with supervision.

Activity:

Exercise can lower blood sugar levels.

- Playground supervisor should know which student has diabetes, what the signs and symptoms of a low blood sugar are and the action plan to manage the low blood sugar immediately.

Secondary Schools - Student Support

Students with type 1 or type 2 diabetes and must not only deal with the social and academic changes of high school but the physical changes that occur as well. They must also learn to take on a more independent role in the management of their diabetes.

There may be times when a teen, with diabetes, struggles with both the idea of having diabetes and carrying out the daily task for taking insulin, checking blood sugars, and monitoring food and exercise. There is no let-up in this rigorous program nor is there a vacation; therefore, it can happen that teens get tired and frustrated with it.

The teen may struggle with feeling different from their peers and may be reluctant to inform their teacher that they have diabetes. They may not wish to draw attention to their condition by wearing a medical information bracelet. They may also be embarrassed to check their blood sugar or take their insulin injection at school or around their friends. Caring for their diabetes may become less of a priority for them.

Supporting Secondary Students

High and low blood sugars can make it difficult for the student to concentrate during class time, including during tests and exams.

- If a student misses classroom time or an exam, or if his/her cognition is impacted by lows and highs, give extra time to make up missed work, tests, and other assignments.
- Accommodations for examinations, tests and quizzes. Students with diabetes are allowed to keep a diabetes emergency kit at their desk, including a glucose meter, hypoglycemia treatment, and snacks as required. In the event of a hypoglycaemic event in the half hour proceeding or at any time during an exam, a student is to be granted an additional 30-60 minutes as needed to allow for cognitive recovery from hypoglycemia.
- During exams allow the student to eat, drink and check their blood sugar level so that they can manage they diabetes accordingly.
- Allowing student to use the bathroom without drawing attention to them can be helpful.
- Avoid labelling the teen as diabetic, they have diabetes. It is a part of who they are, but it does not define them.
- Encourage the student to advocate for themselves.
- Encouragement and support from teachers can provide an important safety net for students who try to adjust to all their new responsibilities.

Treatment for Low Blood Sugar – Hypoglycemia

When in doubt, TREAT!

Causes	Symptoms	Treatment
<p>Low blood glucose usually develops as a result of one or more of the following:</p> <ul style="list-style-type: none"> • Insufficient food due to delayed or missed meal • More exercise or activity than usual without a corresponding increase in food; and/or too much insulin 	<p>The student may say he/she feels “low”, may look unwell or act in a. Strange manner.</p> <p>Signs of a low blood sugar include: Cold, clammy, sweaty skin, paleness, quietness, fatigue, dizziness, shakiness, hunger, irritability, tearfulness</p> <p>~~~~~</p> <p>Signs of a VERY low blood sugar include: Loss of coordination, hostility, confusion, staggering gait. Appearing intoxicated</p>	<p>At the first sign of a low blood sugar allow the student to check their blood sugar level using their meter.</p> <p>If the reading is below 4.0 (or otherwise directed by parent) ensure the student takes their fast-acting sugar immediately.</p> <p>If it is not possible to check blood sugar OR if in doubt TREAT! (give sugar immediately)</p> <p>~~~~~</p> <p>If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none"> • 175 mld (6oz) juice or pop (not diet); or • 5-6 lifesavers; or • 3 glucose tablets or as directed by parent • 2 tsp/10 ml/ or 2 packets of sugar; or

	<p>~~~~~</p> <p>Signs of a SEVERE low blood sugar include: Unconscious, unresponsive, cannot swallow properly seizure</p>	<ul style="list-style-type: none"> • 2 tsp/10ml of honey <p>Follow up as per Diabetes Plan</p> <p>~~~~~</p> <ul style="list-style-type: none"> • NEVER give food or drink • Place student on their side. • Call 911 • Inform EMS student has Type 1 or Type 2 Diabetes • Call emergency contact
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- If unsure whether the child is hypoglycaemic, **always give sugar!** A temporary excess of sugar will not harm the child, but hypoglycemia is potentially serious.
- The student whose blood sugar is low, may not be able to think clearly, and **NEEDS** to be supervised, by an adult, until they feel better.
 - Never leave the student alone
 - Do not send to the office
 - Do not allow student to use stairs
- It may take some coaxing to get the child to eat or drink, but you must insist.
- If there is no noticeable improvement in about 10 to 15 minutes **repeat the treatment.** When the child's condition improves, he or she should be given solid food. This will usually be in the form of the child's next regular meal or snack.
- Until the child is fully recovered he/she should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If, however, it is decided that the child should be sent home, it is imperative that a responsible person accompany him or her.

When to Call Parent

- A low blood sugar that requires assistance (e.g. if it takes longer than 15 minutes to recover from low blood sugar).
- If there are frequent low blood sugars in a week.
- Illness. If the student is VOMITING phone parents immediately. If you were unable to reach them, call 911.
- If insulin pump is beeping. Allow student to call parents to solve problem.

Severe Low Blood Sugar – Hypoglycaemia – Glucagon Injection:

When the blood sugar level get so low that the student is unable to take his/her fast acting sugar orally because they are unresponsive, unconscious or having a seizure the treatment is for an injection of glucagon. Glucagon is a hormone made in the pancreas that quickly rises blood sugar. Glucagon is given as an injection like insulin by parents or trained EMS paramedics.

School Staff do NOT Administer Glucagon Injections.

Emergency response of school staff is to call 911 immediately and inform the emergency services that the student has diabetes.

Emergency medical services personnel require the following, if available:

- Student's name, date of birth, emergency contact information
- Medical history - available on the students Plan of Care form
- Observations about what the student was doing prior to the event
- Medications and any treatment prior to EMS arrival

Treatment for Hyperglycemia – High Blood Sugar

Children with diabetes sometimes experience high blood sugar. Hyperglycemia is NOT an emergency situation, unless student is vomiting, and it may require accommodations in the classroom.

High Blood Glucose Causes

May develop as a result of one or more of the following:

- Too much food;
- Less than the usual amount of activity (indoor recess);
- Growth spurts
- Stress
- Not enough insulin; and/or
- Illness

Symptoms

The earliest and most obvious symptoms are **increased thirst and urination**.

Other: dry mouth, blurred vision, drowsiness.

Treatment:

Allow the student to check their blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. Blood sugar levels >14 are usually considered too high, but refer to student's Plan of Care for individual parameters.

- Allow the student to drink water at their desk
- Allow the student to have open bathroom privileges
- Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher.

EMERGENCY if student is VOMITING:

- Phone parents immediately
- If parents are not available CALL 911
- Inform EMS student has Type 1 or Type 2 Diabetes

In the classroom, the behaviour students with hyperglycemia maybe taking for misbehaviour (i.e. frequent request to go to the bathroom or request for frequent drinks).

Field Trips and Students with Diabetes (Day Trips, Overnight Trips, Expensive Trips, Exchange Programs)

- **Process in place to identify students with diabetes type 1 and/or type 2**
- **Trip site and activities are to be checked for potential safety hazard.** Where possible, a pre-activity inspection of the site in activities by the trip supervisor to investigate safety conditions should be carried out.
- **Communicate with the child's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow for parent/guardian input in the school developing a clear set of expectations and accommodations to meet their child's medical needs on the trip. Knowing the trip expectations and accommodations the parents will be able to provide an informed decision as to their child's participation. You may consider inviting parent on the trip as a supervisor.
- For day, overnight, extensive or exchange programs parents are to be consult it on:
 - Medication
 - Insulin, glucagon - amount, when taken, how it is administered, dosage.
 - Blood testing kit and contents of fast acting sugar

Note: inform parent/guardian that during the trip that **School Staff do NOT:**

 - Administer insulin syringe injections
 - Administer glucagon syringe injections
 - Push the release button on the insulin pump (e.g. manually provide a bolus dose (a burst of insulin) prior to the student eating).
- **Tour operator and/or activity provider:**
 - In charge teacher is to identify the students with type 1 and/or type 2 diabetes
 - Request operators to provide you with their accommodations for students with diabetes.

- Compare tour operator's accommodations plans with school board's expectations for accommodations for one of its students.
- Adjust operator's accommodation plan accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
- If the trip provider does not have a pre-existing plan for the student's medical condition:
 - Develop one on your own based on school board expectations and parent input and
 - Provide the operator with a copy
- Based on list of accommodations for the student the tour operator must provide:
 - Safe accommodations during travel to destination
 - Safe facilities, safe programming, safe foods at the destination
 - Ready access to a doctor, clinic or hospital at destination site
- **An emergency action plan for student with Type 1 and/or Type 2 diabetes** must be prepared by the in-charge teacher and communicated to all staff and volunteers on the trip.
- **Student forms on the trip** – copy of the student's Diabetes Plan of Care along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of student(s)**: student is to assigned to a group with staff member who is knowledgeable about managing low blood sugar and/or high blood sugar situations.
- **Buddy system**: In situations where the teacher/supervisor is providing 'in the area supervision' the teacher is to assign a buddy to the student. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.
- **A suitable means of communication** (e.g. cell phone) to be taken on the trip and/or an easily accessible phone is available at the site. Ensure that you have the correct and proper change if using payphones.
- **Trip supervisors to meet students** ahead of time who have diabetes and provide the following information:
 - Recognize your symptoms of a low blood sugar and/or high blood sugar and how to take age appropriate action to treat the symptoms.
 - Eat all and only what parents/guardians have approved.
 - Take responsibility for bringing and looking after your blood glucose monitoring and insulin injection apparatus.
 - Know (in age appropriate ways) how to administer the blood sugar monitoring system, blood testing, insulin injection, safe disposal of lancets and needles, how to manage and use appropriately the insulin pump (e.g. administering a bolus dose).
 - Promptly inform an adult that you have diabetes as soon as symptoms appear or when experiencing a general feeling of 'un-wellness'.
 - Never isolate yourself when checking blood sugar, administering your insulin or feeling unwell.

ROLE of Parents/Guardians with School:

In order for School Staff to provide a safe and nurturing environment for students managing their diabetes are asked to:

- **Provide Proof of Diagnosis for student which can be ONE of:**
 - A letter/note from the physician or specialist, OR
 - A copy/photocopy of the prescription, OR
 - A photocopy of the prescription from the medicine container, OR
 - A copy/photocopy of the Official Receipt of the medication from the pharmacist
- **COMPLETE and return the following forms found in this package:**
 - **STUDENT PLAN OF CARE**
 - Parents/Guardians of newly registered or newly diagnosed students shall create the Student Plan of Care in consultation with School Administration during the last week of August or as soon as possible to starting the school year. For students already registered, **the Student Plan of Care should be reviewed and/or**

updated annually and shared with the school, before the start of each school year.

- **CONSENT FORM TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**

- Form is completed by Parent/Guardian to carry and self-administer medication. Also includes consent to share life-threatening condition with pertinent individuals.

Please Note – Urgency of Having Completed Forms as Soon as Possible:

To act in the best interest of student responding to a reaction, parents/guardians are strongly encouraged to provide all relevant information and forms to manage student's diabetes to the school principal in a timely manner. Failure to do so may place student at unnecessary risk.

- **COMMUNICATE with School Administrator that student requires professional health services within the school setting to assist with management protocols:**

Procedures

- Arrange with the principal to discuss.
- Complete an application form to the LHIN (Local Health Integration Network)
- A LHIN case manager will contact parent and principal and complete an assessment of the student's health care needs in the school setting.
- A multidisciplinary conference may be required to identify the needs at school and to determine eligibility for services.
- On admission, goals will be determined and a service plan developed to ensure the safest possible learning environment for student.
- On occasion, there may be a waiting period for some services, and/or a lack of availability of service providers. In these circumstances, the LHIN will work with parents and school staff to develop a safe plan for the student.

- **UPDATE Changes of information: Emergency Contact, Medication, Medical Diagnosis:**

Parents are responsible to inform School administration of any changes to contact information, medication or medical condition diagnosis as soon as reasonable possible. Forms can be accessed through the school office.

NOTE: Changes to student's diagnosis must be accompanied by a note/letter from student's physician indicating the change.

Please Note: Board employees are not trained health professionals

Prevention

- **COMMUNICATE, when student is transitioning to a new school**

Parents/Guardians should ask for a most recent copy of student's Diabetes Student Plan of Care.

Parents/Guardians are requested to update the form with recent medical and contact information and to provide the completed form to the receiving school administrator/designate during a transition meeting.

PROVIDE a constant supply of fast acting sugar, to prevent and treat low blood sugar.

- **PROVIDE, when appropriate, an extra snack** (e.g. trips)
- **PROVIDE a clearly labelled (student name, address) container** which includes blood glucose monitoring items and insulin items and medication.
- **CONSIDER providing a MedicAlert bracelet or necklace for your child,** and discuss the importance of wearing it. The form can be obtained by calling 1-800-668-1507 or visit www.medicalert.ca

Responsibilities of Parent/Guardian with their Child:

Communicate the following information and responsibilities to the child in managing their diabetes.

Review with child when appropriate.

- Provide age appropriate understanding of their diabetes, how to recognize the symptoms of a low blood sugar and high blood sugar and how to take age appropriate action to treat their symptoms.
- Provide age appropriate information on how to administer the blood sugar monitoring system, blood testing, insulin injection, safe disposal of lancets and needles, how to manage and use appropriately the insulin pump (e.g. administering a bolus dose).

- The importance of carrying/having immediate access to their blood sugar testing kit, fast acting sugar and insulin injection apparatus at all times.
- Guide and encourage child to self-management and self-advocacy.
- Inform child that when they are having an attack, never remove themselves to a secluded area or go off to be by themselves (e.g. washroom) and to tell a teacher, staff member or a classmate when feeling a reaction or when feeling unwell.
- The importance of eating all and only what parents/guardians have provided.
- Inform, check and review when necessary with child the location of their blood sugar testing kit, insulin injection apparatus and fast acting sugar during the school day and at school sponsored activities.
- Remind the child, prior to the child leaving for school, to check that the container for carrying (e.g. 'fanny pack', purse) contains the blood sugar testing kit, insulin apparatus and fast acting sugar.
- Talk to their friends about their diabetes and let them know how they can help them.
- Communicate with parents/school staff if they are facing challenges related to their diabetes, including any and all teasing, bullying, threats or any other concerns they have.
- Consider providing Medical Alert identification for your child (e.g. bracelet or necklace). The form can be obtained by calling 1-800-668-1507 or visit www.medicalalert.ca

Responsibilities of Students (where appropriate)

- Advocate for their personal safety and well-being
- Participate in the development and review of Plan of Care
- Carry out daily or routine self-management of their medical conditions as described in their Plan of Care
- Set goals on an ongoing basis for self-management of their medical condition in conjunction with their parents and healthcare professional
- Recognize their symptoms of a low blood sugar and high blood sugar and how to take age appropriate action to treat the symptoms.
- Eat all only what parents/guardians have approved.
- Check prior to leaving home that they have their blood sugar testing kit, insulin apparatus and fast acting sugar.
- Take responsibility for carrying their blood sugar testing kit and insulin injection apparatus and fast acting sugar during the school day and at school sponsored activities.
- Check that blood sugar testing kit, insulin injecting apparatus and fast acting sugar is always accessible to their location.
- Know, in age appropriate ways, how to administer the blood sugar monitoring system, blood testing, insulin injection and safe disposal of lancets and needles, how to manage and use appropriately the insulin pump.
- Promptly inform an adult that they have diabetes as soon as symptoms appear or when experiencing a general feeling of 'un-wellness'.
- Never isolate themselves when checking blood sugar or feeling unwell.
- Communicate with parents/school staff that they are facing challenges related to their diabetes, including any, and all, teasing, bullying, threats or any other concerns they have.
- Wear/carry medical alert and identification when parent/guardian deems appropriate.

SCHOOL FORMS

- **STUDENT PLAN OF CARE: DIABETES**
 - To identify child to others, this form will be created by family and the school team. The School Administrator will share with appropriate school staff and post as necessary.
 - The Transportation Consortium's Medical Information Form must also be filled in by a medical professional <http://www.businfo.ca/en/pdf/forms/F-M04-404%20-%20Medical%20Note.pdf>
- **AT-A-GLANCE MEDICAL CONDITION IDENTIFICATION**

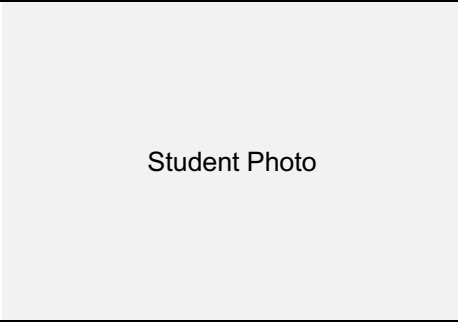
To identify child to others, an At-A-Glance document is created, by the School Administrator/Designate, which includes the student's name, grade, picture, and medical condition only and is only posted in pertinent staff areas (i.e. staff room).

- **CONSENT FORM TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**
 - Form is completed by Parent/Guardian to carry and self-administer medication. Also includes consent to share life-threatening condition with pertinent individuals.

PREVALENT MEDICAL CONDITION — DIABETES
Plan of Care

STUDENT INFORMATION

Student Name _____ Date of Birth _____
 Ontario Ed. # _____ Age _____
 Grade _____ Teacher(s) _____



EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) _____

Method of home-school communication: _____

Any other medical condition or allergy? _____

DAILY/ROUTINE DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

- Yes
 No
 If Yes, go directly to page five (5) — Emergency Procedures

ROUTINE	ACTION
<p>BLOOD GLUCOSE MONITORING</p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p>	<p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG: _____</p> <p>_____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p>
<p>NUTRITION BREAKS</p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.</p>	<p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p> <p>_____</p>

ROUTINE	ACTION (CONTINUED)
<p>INSULIN</p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Injection <input type="checkbox"/> Pump <p><input type="checkbox"/> Insulin is given by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin: _____</p> <p>_____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school: <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p>
<p>ACTIVITY PLAN</p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within student's reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <ol style="list-style-type: none"> 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>

ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies. <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please list) _____ <p>_____</p> <p>Location of Kit: _____</p> <p>_____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other _____ | |

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact

HYPERGLYCEMIA — HIGH BLOOD GLOCOSE (14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: _____ |

Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above _____

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for Severe Hyperglycemia

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

*This information may remain on file if there are no changes to the student's medical condition.

PLAN

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____ . (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

PLAN REVIEW

Where there is no change in the child's condition or treatment strategy from the previous year(s), parents may authorize continuation of the protocol with initials below.

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

Date: _____

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

Date: _____

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

Date: _____

**CONSENT FORM
TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of Fast Acting Sugar (specify type of medication) by an employee of the Sudbury Catholic District School Board as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Student (if 18 or older): _____

Class/Teachers' Names:

Date:

Date:

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Student (if 18 or older): _____

Name of Physician:

Class/Teachers' Names:

Date:

Date:

Contact #

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Sudbury Catholic District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Staffroom	<input type="checkbox"/> Lunchroom
<input type="checkbox"/> Office	<input type="checkbox"/> Gym	<input type="checkbox"/> Learning Commons/Library
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

<input type="checkbox"/> Food Service Providers	<input type="checkbox"/> Child Care Providers
<input type="checkbox"/> School Volunteers in regular direct contact with child	<input type="checkbox"/> Other: _____

Signature of Parent/Guardian: _____	Date: _____
Signature of Student (if 18 or older): _____	Date: _____
Signature of Principal: _____	Date: _____

We release the Sudbury Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to correctly administer the interventions and/or failing to administer any intervention listed in Diabetes Student Plan of Care.

Signature of Parent/Guardian: _____	Date: _____
Signature of Student (if 18 or older): _____	Date: _____

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR

This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31,32 and 33 of the Municipal Freedom of Information and Protection of Privacy act, R.S.O. 1990, c. M-56: and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.

AT-A-GLANCE Medical Condition IDENTIFICATION

Student Name	Grade	Medical Condition	Picture (If available)

MEDICAL INCIDENT RECORD FORM

Student Name	Time of Incident	Length of Incident	Events before Incident	Description of Incident	Events after Incident	Date/Time Parent/Gaurdian Contacted