



School Administrators' Responsibilities Checklist

Administrative And Operational Procedures:

- Process in place, to facilitate parents receiving, completing and returning the following forms prior to the child's first day of school (when possible):
 - Request and Consent -Diabetes Interventions
 - Type 1 Diabetes -Hypoglycemia Emergency Treatment Form (3)
 - Introductory information letter to parents. (not to be returned)
 - Parent/Guardian Responsibility For Their Diabetic Child (not to be returned)
 - Student Responsibility for Diabetes Condition (not to be returned)
- During registration dates throughout the school year – provide parents of child(ren) who indicate their child has diabetes – copies of the above information forms and forms to complete.
- Survey parents in September newsletter for children who have diabetes and have not identified their child to the principal to do so immediately.
- Provide the Board's Transportation Department with a list of students with diabetes riding the school bus. Complete and send required form as soon as reasonably possible.
- Receive and review the completed 'Request and Consent – Diabetes Interventions' form for the child with diabetes and from the information develop a plan of action using the Board's/school's diabetes protocol along with the child's parents and classroom teacher.

Awareness and Communication:

- Convene a meeting with parents of the child with diabetes, and appropriate school staff (classroom teacher, subject teachers etc.) to gather medical information related to the diabetic condition:
 - special needs or concerns regarding the health and care of the child
 - typical signs and treatment of low blood glucose
 - guidelines for meals and snack times
 - when the school is to contact the parents (e.g. after incidents of moderate or low blood glucose, low reading on the glucose blood monitoring, not finishing meals/snacks.)
 - review the school guidelines concerning: causes, prevention, identification and treatment of hypoglycemia.
- Convene a meeting (early in school year) of all school staff to identify students with diabetes and outline the Board's/school's protocol for identification, prevention and treatment of low blood glucose (hypoglycemia).
- Provide in-service training for school staff to prepare those involved to respond effectively to hypoglycemia incidents and other emergency situations.
- Ensure process in place where a student with diabetes, new to the school or newly diagnosed, arrives at the school during mid-term is identified to all school staff



- Ensure that the diabetic child's Emergency Treatment Forms are posted in required locations (staff room, health room, classroom etc.)
- Provide teachers with resources (human, video, print etc.) to assist their efforts in making the students in their class aware of what diabetes is.
- Inform School Council of school diabetes protocol to increase community awareness of diabetes and board protocol for management
- The School will make a referral to CCAC School Health Support Services, when situations warrant

Blood Glucose Monitoring/Insulin Injection

- Provide a safe, hygienic and private space in the school for students to perform self-blood-glucose monitoring and insulin injections throughout the school day including in classroom as appropriate.
- Provide for suitable supervision for students (where necessary).
- Follow Board procedures for safe disposal of sharps (injection devices), lancets and testing strips.
- Follow Universal Precautions for blood and bodily fluid protocol where applicable.
- Awareness of ketone monitoring

Treatment:

Diet Requirements:

- Provide for a secure, accessible and appropriate place to store emergency food supplies (oral glucose, orange juice etc.), throughout the school (e.g. homeroom, gym, principal's office etc.)
- Provide opportunities for fast acting sources of sugar to be taken by students anywhere on school property, on buses or during school sanctioned activities. (School rules may have to be relaxed)
- Endeavor to ensure that students eat all meals and snacks fully and on time. Be flexible with time requirements for eating – child with diabetes may need more time
- Provide for communication to parents, where requested, if child is unable to eat or when student does not finish meal.
- Provide procedures to communicate to parents when new supplies of fast acting sugar are required.

Emergency Procedures:

Procedure in place where appropriate school staff contact parents:

- immediately after treatment of moderate or severe low blood glucose
 - when student is unable to eat or vomits
- Ensure that contact names and numbers are kept up to date for each student
- Follow the emergency treatment protocol as outlined on the Type 1 Diabetes – Hypoglycemia
- Emergency Treatment Form.



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- Simulate a hypoglycemia emergency – similar to a fire drill – to ensure that all elements of the emergency treatment plan is in place and that everyone knows their role and what to do.