Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

APH015

Diabetes Management Guidelines

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Memo To: All Staff

From: Director of Education

ACCESSIBILITY:

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PURPOSE:

- To provide school administrators, school staff, appropriate others (e.g., volunteers) with information, resources and strategies on how to manage students with identified Diabetes and the response to an emergency situation.
- To provide school staff and appropriate others with strategies of when and how to respond to emergency situations and when to call for Emergency Medical Services – 911.
- To minimize, where possible, the risks in the school setting for students and others who are diagnosed with Diabetes.

REFERENCES:

- Policy/Program Memo 161 (PPM161)
- APH030: Medical Conditions
- Canadian Paediatric Society
- Diabetes Canada
- Safe Schools Online Training

FORMS:

- APH004-01F: Medical Administration Consent
- APH030-01F: Critical Medical Alert

~~R~~EPORTS:

- N/A

APPENDICES:

- APH030-EX: Sample Type 1/Type Diabetic Plan of Care

COMMENTS AND GUIDELINES:

Principles

The goal of Diabetes management is to:

1. Enable students with diabetes to participate equitably and inclusively in all school activities as outlined in their Plan of Care.
2. Educate school personnel about diabetes, its causes, symptoms, emergency treatments.
3. Outline responsibilities for the care and management of students with diabetes.
4. 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.
5. Minimize anxiety on the part of parents and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with diabetes while they are under school supervision.

Responsibilities

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 the 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 this transition can occur. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

All requirements from PPM 161 are to be followed, and include:

1. A communication plan for the dissemination of information on supporting students with a diabetes condition to parents, school board staff and others in the community who are in direct contact with students (transportation provider, food service provider, volunteers).

2. Training, at minimum annually and reviewed as appropriate, is to be provided for school staff who have direct contact with the student to ensure his/her safety and well-being of the student.

The scope of the training should include the following:

   a. Strategies for preventing risk of student exposure to triggers and causative agents

   b. Strategies for supporting inclusion and participation in school

   c. Recognition of symptoms of a medical incident and medical emergency

   d. Information on school staff supports, in accordance with board policy

   e. Medical incident response and medical emergency response

   f. Documentation procedures

3. Every school Administrator/designate ensures that, upon registration, parents/guardians and pupils shall be asked to complete Critical Medical Alert (Form APH030-01F).

4. Every school Administrator/designate will co-create, review or update the Type 1/Type Diabetic Plan of Care (Sample-Appendix APH015-AX) through IEP writer–for a student with a diabetes, following Board approved procedures, in consultation with the parent(s), school staff (as appropriate) and with the student (as appropriate), along with any notes and instructions from the pupil's health care provider.

5. Every school Administrator/designate inform employees and others who are in direct contact on a regular basis with a pupil who has medical condition(s) about the contents of the student's Plan of Care.

6. Every school Administrator/designate maintain a file of current treatment and other information for each pupil with a diabetes, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list.

- Type 1/Type 2 Diabetes Student Plan of Care (IEP Writer/ Sample Appendix APH030-EX)
- Medical Administration Consent (APH004-01F)
- At a Glance Identification (RIC Report – Internal)

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 condition 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 diabetes is presently affecting more of our children and youth and is linked to lifestyle factors such as obesity and sedentary living. Type 2 diabetes 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 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 side, 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 a blood sugar from going to low.

Activities to Help Keep Blood Sugars in a Healthy Range

- **Eat:**

  Food is like medicine to the student with diabetes. Eating is a key part of managing diabetes.
  To avoid a low blood sugar, it is important to:
  1. Allow student(s) to eat when they need to.
  2. Encourage student(s) to eat all the food as outlined in their prescribed diet and/or as prepared by their parents.
  3. Provide sufficient time for the child to eat all of the food (meal/snack). Supervising teacher to consider adjusting time requirements for eating.
  4. When appropriate, the classroom teacher is to communicate with parent when there will be changes to the daily 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.
  5. Food is not to be used as an incentive or a reward to students.

- **Check Blood Sugar:**
  The student will usually check their blood sugar level using a special meter, before eating a meal/snack, and/or whenever they feel unwell.

Conditions of Type 1 and Type 2 Diabetes:

- Low blood sugar – Hypoglycaemia
- High blood sugar - Hyperglycaemia

Low Blood Sugar - Hypoglycaemia
When supporting a student with type 1 diabetes the emergency situation you are most likely to encounter is Low Blood Sugar also known as hypoglycaemic 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 Student's Individual Emergency Plan).

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

High Blood Sugar – Hyperglycaemia
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 parents, not you.

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. hypoglycaemia or hyperglycaemia) the student's learning, behaviour and participation may be affected.

Hyperglycaemia and hypoglycaemia may also affect the students' behaviour. However, having diabetes is not an excuse for inappropriate behaviour.

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 blood 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 hypoglycaemia and hyperglycaemia
- Give early warning without waiting for the 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

1. The student washes hands with warm water and soap.
2. Inserts a lancet in the lancet device.
3. 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.)
4. Places a small drop of blood onto the test strip that is inserted into a blood sugar meter, also called a glucometer.
5. Waits for 5 to 45 seconds, depending upon the meter, to read the results.
6. Records the reading of the blood sugar in log book or automatically recorded in meter.

Responsibility of School Staff

1. To provide a safe and appropriate location.
2. Where requested on the student Diabetes Student Management Plan to read the metre (e.g. reading is below 4.0) and provide the fast acting sugar.
3. Arrange for the safe disposal of lancets, test strips etc. (e.g. a container for sharps is provided by the school
4. Where appropriate, for clean-up, follow school policy regarding Universal Blood and Body Fluid Precautions.
5. To ensure a young student (e.g. JK, SK, 1) 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 the 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 Life Savers; 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

- To 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 hyperglycaemia, 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

- Hyperglycaemia 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 a safe and appropriate location.

Insulin Injections

Students with type 1 diabetes (and some with 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 lunch time.

Insulin injections vary with the individual. Most injections are administered outside of school hours (before breakfast, and supper and at bed time). 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 they administer their insulin:

INSULIN SYRINGE
- Insulin syringes 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 phys. ed. 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 a 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 is to contact the local Home And Community Care Support Services and outline the situation and/or parents' request. A Paediatric 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 Home And Community Care Support Services 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 (kindergarten, grades 1 & 2) may be unable to recognize the symptoms of a low blood sugar and/or effectively communicate why they are feeling unwell. Being attentive to the 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 during tests and exams.

School Support:

- If a student misses classroom time, or if his or 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 blood glucose meter, hypoglycaemia treatment, and snacks as required. In the event of a hypoglycaemic event in the half hour preceding 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 hypoglycaemia.
- Encouragement and support from teachers can provide an important safety net for students who try to adjust to all of their new responsibilities.

Elementary Schools - Special Concerns for the Young Student

Checking Blood Sugar

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 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.
- 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 can 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 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.

Supervision of Students with Diabetes during Lunch/Snack Time

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

1. School has a process in place to identify the student with type 1 – type 2 diabetes and 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-type 2 diabetes.
2. School administrator is to check that the supervisor (staff members, Occasional Teachers, paid lunch hour supervisors) has been trained in recognizing the symptoms of a low blood sugar and knows the procedures in managing a low blood sugar reaction and/or emergency response procedures.
3. Classes may use student monitors who can assist the supervising teacher.
4. 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.

5. The identified student(s) with type 1- type 2 diabetes, where appropriate, may be assigned an eating 'buddy' to access the supervisor immediately in case of an incident.
6. (Where age appropriate) Students in the class may be taught how to contact the office using classroom communication system in case of an emergency.
7. Supervising adult informs students of his/her location of supervision (e.g. identifies the classrooms he/she will be supervising).
8. The following has been reviewed with the student with type 1- type 2 diabetes ahead of time:
9. 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 supervisors should know which student has type 1 or type 2 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 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 more independent role in the management of their diabetes.

There may be times when a teen, with type 1 or type 2 diabetes, struggles with both the idea of having diabetes and with carrying out the daily tasks of 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(s) and that they have type 1 or type 2 diabetes. They may not wish to draw attention to their condition by wearing a medical information bracelet. They may 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.

1. If a student misses classroom time or an exam, or if his or her cognition is impacted by lows and highs, give extra time to make up missed work, tests, and other assignments.
2. Accommodations for examinations, tests and quizzes. Students with diabetes are to be allowed to keep a diabetes emergency kit at their desk, including a blood glucose meter, hypoglycaemia treatment, and snacks as required. In the event of a hypoglycaemic event in the half hour preceding 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 hypoglycaemia.
3. During exams allow the student to eat, drink and check their blood sugar level so they can manage their diabetes accordingly.
4. Allow student to use the bathroom without drawing attention to them can be helpful.
5. Avoid labelling a teen as being diabetic, they have diabetes, it is who they are but it does not define them.
6. Encourage the student to advocate for themselves.
7. Encouragement and support from teachers can provide an important safety net for students who try to adjust to all of their new responsibilities.

Treatment for Low Blood Sugar - Hypoglycaemia

When in doubt, TREAT!

Causes	Symptoms	Treatment
Low blood glucose usually develops as a result of one or more of the following: • 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	The student may say he/she feels "low", may look unwell or act in a strange manner. **Signs of a low blood sugar include**: cold, clammy, sweaty skin, paleness, quietness, fatigue, dizziness, shakiness, hunger, irritability, tearfulness	At the first sign of a low blood sugar, allow the student to check their blood sugar level using their meter. If the reading is **below 4.0** (or otherwise directed by parent) ensure the student **takes** their **fast acting sugar** immediately. **If it is not possible to check blood sugar OR if in doubt, TREAT! (give sugar immediately)**
	Signs of a VERY low blood sugar include: loss of coordination, hostility, confusion, staggering gait, appearing intoxicated	If the parents have not provided you with more specific instructions which can be readily complied with, give: • 175 ml (6oz) juice or pop (not diet); **or** • 5-6 lifesavers; **or** • 3 glucose tablets, or as directed by parent; **or** • 2 tsp/10ml/ or 2 packets of sugar; **or** • 2 tsp/10ml of honey Follow up as per Diabetes Student Plan of Care
	Signs of a SEVERE low blood sugar include: Unconscious, unresponsive, cannot swallow properly, seizure	• NEVER give food or drink • Place student on their side. • CALL 911 • Inform EMS if student has type 1/type 2 diabetes • Call emergency contact.

1. If unsure whether the child is hypoglycaemic, **always give sugar**! A temporary excess of sugar will not harm the child but hypoglycaemia is potentially serious.
2. 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 student alone
   - Do not send to the office
   - Do not allow student to use stairs
3. It may take some coaxing to get the child to eat or drink but you must insist.
4. 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.
5. Until the child is fully recovered he or 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 are 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/Glucagon Nasal Spray (Brand Name: BAQSIMI:

When the blood sugar level gets 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 raises blood sugar. Glucagon is given as an injection like insulin by parent or trained Waterloo EMS paramedics.

School Staff do NOT Administer Glycogen Injections.

BAQSIMI is glucagon in the form of a nasal spray. It is meant for adults and children 4 years and above who take insulin for diabetes. BAQSIMI is ready to use and does not need to be mixed or measured. This nasal powder contains only one dose of glucagon and can only be used once. For instructions, refer to www.baqsimi.ca.

Emergency response of school staff is to Call 911 immediately and inform Waterloo Emergency Services that the student has type 1 or type 2 diabetes.

Emergency Medical Services personnel require the following, if available:

- Student's name, date of birth, emergency contact information
- Medical history – available on the student's Hypoglycaemia Emergency Treatment Form and Aspen alert
- Observations about what the student was doing prior to the event
- Medications and any treatment prior to EMS arrival.

Treatment for Hyperglycaemia – High Blood Sugar

Children with diabetes sometimes experience high blood sugar. Hyperglycaemia 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:

1. Too much food;
2. Less than the usual amount of activity (indoor recess);
3. Growth spurts
4. Stress
5. Not enough insulin; and/or
6. Illness

Symptoms

The earliest and most obvious symptoms are **increased thirst and urination**.
Other: dry mouth, blurred vision, and 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. A blood sugar of >14 is usually considered too high but refer to students individual plan 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 the student has type 1 or type 2 diabetes

In the classroom, the behaviour of students with hyperglycaemia may be taken for misbehaviour (i.e. frequent requests to go to the bathroom or requests for frequent drinks).

Parent/Guardian Responsibilities with Their Child

Communicate the following information and responsibilities to your child in managing their diabetes. Review with your child when appropriate.

1. 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 the symptoms.
2. 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).
3. The importance of carrying/having immediate access to their blood sugar testing kit, fast acting sugar and insulin injection apparatus at all times.
4. The importance of eat all and only what parents/guardians have approved.
5. Guide and encourage your child to self management and self advocacy.
6. Strategies on how to deal with and resist peer pressure to ‘try’ something.
7. Guide and encourage your child to self management and self advocacy.
8. Inform, check and review when necessary with their 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.
9. 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.
10. Talk to their friends about their Diabetes and let them know how they can help them.
11. Inform child that when they are feeling unwell to never remove themselves to a secluded area or go off to be by themselves (e.g. washroom). Tell a teacher or classmate when they are having difficulty and need help.
12. 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.
13. Consider providing a MedicAlert bracelet or necklace for your child. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

Responsibilities of Students (Elementary and Secondary)

1. Where appropriate participate in the meetings for the development and review of your Plan of Care.
2. Recognize your symptoms of a low blood sugar and high blood sugar and how to take age appropriate action to treat the symptoms.
3. Eat all and only what parents/guardians have approved.
4. Check prior to leaving home that they have their blood sugar testing kit, insulin apparatus and fast acting sugar.
5. Take responsibility for carrying and looking after your blood sugar testing kit and insulin injection apparatus and fast acting sugar during the school day and at school sponsored activities.
6. Carry out daily or routine self-management of your Diabetes as described in the Plan of Care.

7. Take responsibility for advocating for personal safety and well being.
8. Check that you blood sugar testing kit, insulin injecting apparatus and fast acting sugar is always accessible to their location. (Age appropriate)
9. 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).
10. Where appropriate set goals on an on-going basis for self-management of their diabetes.
11. Promptly inform an adult that you have Diabetes as soon as symptoms appear or when experiencing a general feeling of 'un-wellness'.
12. Never isolate yourself when checking blood sugar or feeling unwell.
13. Communicate with parents/school staff if you are facing challenges related to you Diabetes, including any, and all, teasing, bullying, threats or any other concerns they have.
14. Wear/carry medical alert identification when parent/guardian deems appropriate.

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

1. **Process in place to identify students with diabetes type 1 and/or type 2**
2. **Trip site and activities are to be checked for potential safety hazards.** Where possible, a pre-activity inspection of the site and activities by the trip supervisor to investigate safety conditions should be carried out
3. **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.
4. **For day, overnight, extensive or exchange programs parents are to be consulted on**:
   a. Medication
   b. Insulin, glucagon - amount, when taken, how it is administered, dosage
   c. Blood testing kit and contents and 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)

5. Tour operator and/or activity provider:

   a. In charge teacher is to identify the students with type 1 and/or type 2 diabetes.
   b. Request operator to provide you with their accommodations for students with diabetes.
   c. Compare tour operator's plans for accommodations with school board expectations for accommodations for one of its students
   d. Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard
   e. If trip provider does not have a pre-existing plan for the students medical condition
      - develop one of your own based on school board expectations and parent input and
      - provide the operator with a copy
   f. Based on listed accommodations for the student can the tour operator provide
      - accommodations during travel to destination
      - safe facilities, safe programming, safe food supply at the destination
      - ready access to a doctor, clinic or hospital at destination site
6. **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.
7. **Student forms on the trip** – copy of the student's Diabetes Individual Plan along with trip accommodations, where appropriate, are to be taken on the trip.

8. **Grouping of student(s)**: student is to be assigned to a group with staff member who is knowledgeable about managing low blood sugar and/or high blood sugar situations.
9. **Buddy system**: In situations where the teacher/supervisor is providing 'in the area supervision' 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.
10. **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.
11. **Trip supervisor is to meet students** with diabetes and provide the following information (age appropriate terms) :
    a. Recognize your symptoms of a low blood sugar and/or high blood sugar and how to take age appropriate action to treat the symptoms.
    b. Eat all and only what parents/guardians have approved.
    c. Take responsibility for bringing and looking after your blood glucose monitoring and insulin injection apparatus.
    d. 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).
    e. 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.

Procedures for Obtaining Changes to Contact Information, Medication and Medical Information from Parents

1. Changes To Contact Information (e.g., contact person and/or contact number).

   Parent/guardian is requested to provide in writing, the name of the person(s) with change of contact number to the school Administrator.

2. Changes To Medication (e.g., new medication or a change in medication)

   - School Administrator/designate to provide parent/guardian with a copy of the WCDSB Medication Administration Consent (Form APH004-01F) to be completed and returned. Form provided by the school Administrator.
   - Provide changes to medications information to staff responsible for providing medications to the child/youth.
   - Make changes to the Student Plan of Care, where appropriate.
   - Note: File the copy of the most recent WCDSB Medication Administration Consent (Form APH004-01F) in the student's OSR.

3. Changes To Medical Diagnosis:

   - Changes to the child/youth's medical diagnosis must be accompanied by a note/letter from the child/youth's physician indicating the change.
   - Make changes to the student's Plan of Care, where appropriate.

Duty Of Care

Education Act 265 (1): Duties of Principals

j) care of pupils and property – to give assiduous attention to the health and comfort 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. Thus, 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 WCDSB protocol for administering syringe injections is that school staff do NOT administer insulin or glucagon injections except by the school Administrator in emergency situation.