



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

## ***STUDENT DIABETES MANAGEMENT***

ADMINISTRATIVE OPERATIONAL PROCEDURES

300 – Schools/Students

No 302.1.3

Adopted Date: June 12, 2012

Latest Reviewed/Revised Date: January 25, 2022

### **PURPOSE**

The purpose of the Administrative Operational Procedures is intended to ensure that school staff and any others in contact with a student diagnosed with diabetes are familiar with the student's Diabetes Management Plan of Care and are prepared to act in an emergency.

Diabetes is a disease of the pancreas where a person is unable to create insulin or is unable to use the insulin that their body produces. Insulin is a hormone produced by the pancreas that helps control the level of glucose or sugar in blood. Without insulin, carbohydrates (starch and sugars) cannot be converted into stored energy (called blood glucose or blood sugar) required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

1. **Type 1 Diabetes (insulin-dependent)** can develop in individuals at any age. People with Type 1 Diabetes need to inject insulin or use an insulin pump to ensure their bodies have the right amount of insulin. Type 1 Diabetes cannot be prevented or cured.
2. **Type 2 (non-insulin-dependent)** typically develops in adulthood, but can appear earlier. It has been appearing with more frequency in pubertal children and adolescents. Individuals who are inactive, overweight, with or without a family history of Type 2 diabetes are at greatest risk. Management includes lifestyle modification emphasizing healthy eating, increased physical activity and regular medical follow-up. Students with Type 2 Diabetes need to self-monitor their blood glucose and in some cases take oral medication or inject insulin.

The Board recognizes that a student with diabetes needs a safe environment in which to develop their independent management skills, and have a right to participate fully in opportunities and experiences that all students enjoy.

Parents/Guardians have the primary responsibility to inform school administration about their child's diabetes diagnosis and to collaborate with school staff on development of the Student Diabetes Management Plan of Care.

Open and ongoing communication between parents/guardians, school staff, and any others in contact with or supporting the medical needs of the student is necessary to ensure a safe, caring, and inclusive learning environment.

When responding to a medical emergency, a staff member is according to the principle of "in loco parentis" and is not acting as a health care professional.

## RAPID RESPONSE TO SEVERE HYPOGLYCEMIA AND HYPERGLYCEMIA

Blood glucose (blood sugar) levels can change very rapidly for students with diabetes, requiring staff supporting them to recognize the signs, symptoms, and potential causes of rapidly changing blood glucose levels and how to respond to them appropriately.

1. **Hypoglycemia** is also referred to as low blood sugar. Low blood sugar occurs when the amount of blood glucose (blood sugar) falls below 4 mmol/L.

Hypoglycemia may be caused by:

- Too much insulin and not enough food;
- Delaying or missing a meal or snack;
- Not consuming enough food before physical activity;
- Unplanned physical activity without properly adjusting food or insulin.

Symptoms of hypoglycemia include:

- Cold, clammy, or sweaty skin;
- Paleness;
- Shakiness, tremors, lack of coordination;
- Dizziness;
- Hunger;
- Irritability, hostility, inappropriate behaviour, tearfulness;
- Staggering gait;
- Confusion;
- Headache;
- Blurred vision;
- Weakness and fatigue;
- Loss of consciousness and possible seizure if not treated early.

2. **Severe hypoglycemia** is a life-threatening medical emergency that requires a rapid response. In emergency, life-threatening situations, where a student experiences severe hypoglycemia and/or is unresponsive, unconscious or unable to self-administer the appropriate treatment, the school will call 911 for emergency response in accordance with the Student Diabetes Emergency Action Plan (Appendix C), and will contact parents/guardians.
3. **Glucagon** is an emergency medication used to treat severe hypoglycemia that comes in two forms: injectable and nasal powder (known under the brand name as BAQSIMI [BACK-See-Me]). Both forms of glucagon may only be used under the direction of physician or nurse practitioner.

In an emergency when a student is experiencing severe hypoglycemia and in accordance with the Emergency Action Plan, school staff may only administer the BAQSIMI nasal powder (if prescribed to the student by a medical professional) while awaiting emergency responders. School staff may not administer injectable glucagon.

4. **Hyperglycemia** is also called high blood sugar. Hyperglycemia occurs when a student's blood sugar is higher than 15mmol/L.

Hyperglycemia may be caused by a combination of factors including:

- Extra food without extra insulin;
- Not enough insulin;
- Decreased activity;
- Illness, stress, excitement or other similar factors;
- Insulin pump malfunction.

Symptoms of hyperglycemia include:

- Extreme thirst;
- Frequent urination;
- Headache;
- Hunger;
- Abdominal pain;
- Blurred vision;
- Warm, flushed skin;
- Irritability.

## ROLES AND RESPONSIBILITIES

### **1. Parents/Guardians:**

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting the management of their child's diabetes. At a minimum, parents/guardians should:

- 1.1. Educate their child about their condition with support from their child's health care professional as needed.
- 1.2. Guide and encourage their child to reach their full potential for diabetes self-management and self-advocacy.
- 1.3. Inform the school of their child's condition and co-create the Student Diabetes Management Plan of Care (Appendix B) and Student Diabetes Emergency Action Plan (Appendix C) with the Principal/Designate.
- 1.4. Communicate to the Principal/Designate changes to their child's condition that would necessitate a revision to the Plan of Care or Emergency Action Plan, such as changes to medications or the child's ability to manage their medical condition.
- 1.5. Participate in annual meetings to review their child's Plan of Care.
- 1.6. Assume responsibility for the provision of all supplies (such as food and low blood sugar kit) for the student to access at school, and track any expiration dates for provided supplies or medications. Additional supplies should be provided for special events such as excursions or days with high levels of physical activity.
- 1.7. Inform Home and Community Care Support Services (formerly known as the Local Health Integration Network or LHIN) of any planned field trips as nurses assigned by Home and Community Care Support Services to support the student are able to visit the student within the region.
- 1.8. Seek medical advice from health care professionals as needed.

### **2. Students:**

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- 2.1. Advocate for their personal safety and well-being in a manner that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management.

- 2.2. Participate in the development of their Student Diabetes Management Plan of Care and/or Student Diabetes Emergency Action Plan where appropriate.
- 2.3. Participate in meetings to review their Plan of Care where appropriate.
- 2.4. To the best of their ability, self-manage their diabetes, as described in their Plan of Care.
- 2.5. Where appropriate, set goals for self managing their condition, in conjunction with their parents/guardians and health care professional, and communicate their goals to the Principal/Designate.
- 2.6. Communicate with their parents/guardians and school staff if they are facing challenges related to their condition at school.
- 2.7. Wear medical alert identification that they and/or their parents/guardians deem appropriate, and manage/maintain supplies related to their diabetes management when appropriate.
- 2.8. If possible, inform school staff and/or their peers if a medical incident or medical emergency occurs.

### **3. School Staff:**

As key partners who support the successful integration of students with diabetes, school staff will:

- 3.1. Foster a culture of collaborative professionalism to support students with diabetes by having frequent, open communication with parents, students, and school staff which will support a positive attitude toward students' full inclusion in all activities.
- 3.2. Review the contents of the Student Diabetes Management Plan of Care and Student Diabetes Emergency Action Plan for any student with whom they have direct contact.
- 3.3. Annually, participate in any relevant training on prevalent medical conditions.
- 3.4. Share information on a student's signs and symptoms with other students if the parents/guardians give written consent and as outlined in the Plan of Care.
- 3.5. Support a student's daily or routine diabetes management. Students need a safe and hygienic location in the school where they are comfortable to perform self-blood glucose monitoring and insulin injections throughout the school day. In some instances, they may require support or supervision of these activities from school staff.
- 3.6. Seek support (as necessary) from parents/guardians and/or Home and Community Care Support Services for students who may not be able to perform self-blood glucose monitoring and/or insulin administration throughout the school day. This will be discussed as part of the Plan of Care development and reviewed annually.
- 3.7. Provide students flexibility with regards to the timing of meals and snacks so that the student maintains proper blood sugar levels. Students need the flexibility, and in some cases supervision, to eat all meals and snacks fully and on time. Food provided by the family should never be withheld from the student.
- 3.8. Post the Plan of Care and Emergency Action Plan in the classroom and any other designated areas in the school as necessary, while being aware of confidentiality and the dignity of the student. In addition, emergency food supplies or low blood sugar kit to respond to hypoglycaemia are to be available in the classroom and/or other locations in the school. The location of

emergency supplies will be recorded on the Plan of Care. Staff should be aware of the location of all emergency supplies.

- 3.9. Communicate with parents/guardians in advance regarding classroom activities or other special activities where food may be served and after unplanned exercise or extra-curricular activity.
- 3.10. Follow procedures outlined in the Emergency Action Plan if a student becomes unresponsive at any time or their condition requires medical intervention.

#### **4. Principal:**

In addition to the responsibilities outlined under “School Staff”, the Principal/designate will:

- 4.1. In conjunction with parents/guardians, the student (if appropriate), school staff and other relevant professionals), develop a Student Diabetes Management Plan of Care for each individual student who is identified with diabetes in accordance with their specific medical requirements. All stakeholders will be invited to attend the Plan of Care Case Conference, including Diabetes Education Centre or other relevant medical professionals. Principals are also to ensure there is an annual review of the Plan of Care and update the plan if necessary.
- 4.2. In conjunction with parents/guardians, the student (if appropriate), school staff and other relevant professionals), develop a Student Diabetes Emergency Action Plan and ensure that all staff are aware of the Action Plan and for each individual student the role and responsibility assigned to them in carrying out the plan.
- 4.3. Provide relevant information from the student’s Plan of Care and Emergency Action Plan to school staff and others who are identified in the Plan of Care or Emergency Action Plan (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with student).
- 4.4. Ensure that the Plan of Care and Emergency Action Plan for each student with diabetes is posted in the classroom, staff room, office area, health room, attendance, and storage area for medications.
- 4.5. Ensure occasional staff are informed about the needs of students with diabetes under their care.
- 4.6. Ensure that school activities, including excursions, are planned in an inclusive manner to enable accommodation of students with prevalent medical needs, including diabetes.

#### **5. School Board:**

The Niagara Catholic District School Board is responsible for:

- 5.1. Providing opportunities for staff to build their capacity around supporting students with diabetes and responding to their medical needs that may include presentations from relevant medical professionals, training or instruction strategies or procedures, or any other relevant information regarding an individual student’s needs.
- 5.2. Develop, review, and revise relevant documentation, such as the Student Diabetes Management Plan of Care, Student Diabetes Emergency Action Plan, and any relevant consent documentation.

## **APPENDICES**

<a href="#"><u>Appendix A:</u></a>	<a href="#"><u>Roles and Responsibilities</u></a>
<a href="#"><u>Appendix B:</u></a>	<a href="#"><u>Student Diabetes Management Plan of Care</u></a>
<a href="#"><u>Appendix C:</u></a>	<a href="#"><u>Student Diabetes Emergency Action Plan</u></a>
<a href="#"><u>Appendix D:</u></a>	<a href="#"><u>Student Diabetes Management Plan of Care Annual Review</u></a>
<a href="#"><u>Appendix E:</u></a>	<a href="#"><u>Administration of Prescribed and Non-Prescribed Medication During School Hours</u></a>
<a href="#"><u>Appendix F:</u></a>	<a href="#"><u>Parental Consent for Interscholastic Athletics</u></a>
<a href="#"><u>Appendix G:</u></a>	<a href="#"><u>Consent to Use, Share, and Disclose Personal Information</u></a>
<a href="#"><u>Appendix H:</u></a>	<a href="#"><u>Policy/Program Memorandum No. 161</u></a>
<a href="#"><u>Appendix I:</u></a>	<a href="#"><u>Policy/Program Memorandum No. 81</u></a>
<a href="#"><u>Appendix J:</u></a>	<a href="#"><u>Policy/Program Memorandum No. 149</u></a>
<a href="#"><u>Appendix K:</u></a>	<a href="#"><u>Diabetes Resource Guide</u></a>
<a href="#"><u>Appendix L:</u></a>	<a href="#"><u>Glossary of Terms</u></a>

## **ACKNOWLEDGEMENTS**

Niagara Catholic District School Board would like to recognize and thank the Toronto District School Board (TDSB) for their permission to adapt these procedures from TDSB Diabetes Management: Operational Procedure PR60 and the Hamilton-Wentworth Catholic District School Board for supporting language around severe hypoglycemia and rapid emergency response.

Niagara Catholic District School Board also acknowledges the Canadian Paediatric Society's Diabetes At School resource for providing the template from which the initial Student Diabetes Management Plan of Care (Appendix B), Student Diabetes Management Action Plan (Appendix C), and Student Diabetes Management Plan of Care Annual Review (Appendix D) were adapted.

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