

Huron-Superior Catholic District School Board

PROCEDURAL GUIDELINES STUDENTS WITH DIABETES

REGULATIONS AND INFORMATION

In accordance with *PPM No. 161, Supporting Children and Students with Prevalent Medical Conditions (February 28, 2018)*, the Huron-Superior Catholic District School Board will adhere to the following procedural guidelines for students diagnosed with diabetes.

WHAT IS DIABETES?

Type 1 diabetes is a chronic condition where the pancreas stops producing insulin, a hormone that helps the body control the level of glucose (sugar) in your blood. The body produces glucose, and also gets it from foods that contain carbohydrates, such as bread, potatoes, rice, pasta, milk and fruit. Without insulin, glucose builds up in the blood instead of being used by your cells for energy. A lack of insulin can cause both short-term and long-term health problems. Symptoms of undiagnosed type 1 diabetes include:

- increased thirst
- increased urination
- a lack of energy
- weight loss

Type 1 diabetes occurs in about 1 in 300 children in Ontario. The cause of type 1 diabetes is not known. We do know that it is not caused by eating too much sugar, and it cannot be prevented. People with type 1 diabetes must receive insulin daily, either by injection or pump.

Type 2 Diabetes 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.

For the purposes of this document and related forms, the following words have the accompanying definitions:

- **Blood glucose (BG) level** - Amount of sugar found in the blood. This can be measured by applying a drop of blood on a strip. This strip is inserted in a small device (glucose meter) and gives a reading.
- **Continuous glucose monitoring system (CGM)** - A device that has a small sensor inserted under the skin and provides glucose level readings every 5 minutes.
- **Glucometer** - a medical device used to measure the concentration of sugar in the blood.
- **Hyperglycemia** - An abnormally high blood sugar level. Although in children this is typically defined as above 10 mmol/L, symptoms are usually not seen until blood sugars are above 15 mmol/L.
- **Hypoglycemia** - An abnormally low blood sugar level. In children with diabetes this is a level less than 4 mmol/L.
- **Insulin** - a hormone that facilitates the conversion of glucose to energy and is normally produced by the pancreas. People with type 1 diabetes cannot produce their own insulin, and glucose builds up in the blood instead of being used for energy. Therefore children with diabetes administer insulin by syringe, insulin pens, or insulin pumps.
- **Insulin pump** - A device used to administer insulin continuously through a small tube inserted under the skin. The same device is also used to give the extra insulin needed with meals or to correct high blood glucose levels.
- **Sharps** - used syringes, insulin pen needles and lancets. These items must be carefully disposed of in appropriate sharp containers.
- **Target blood glucose range** - acceptable blood glucose levels based on the Canadian Diabetes Association's Clinical Practice Guidelines and is personalized for the student by the parent/caregiver and other health services professionals (their diabetes care team).

ROLES AND COLLECTIVE RESPONSIBILITIES

Supporting students with diabetes in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

a) The School Board

The School board is expected to communicate, on an annual basis, its policies on supporting students with diabetes to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). The school board will also:

- make its policies and plan of care templates available on the board website;
- provide training and resources on diabetes on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their plan of care;
- consider this memorandum (*PPM No. 161, Supporting Children and Students with Prevalent Medical Conditions - February 28, 2018*) and related board policies when entering into contracts with transportation, food service, and other providers.

b) The Principal

In addition to the responsibilities outlined above under “The School Board”, the principal should:

- clearly communicate to parents and appropriate staff the process to notify the school of their child’s diabetes, as well as the expectation for parents to co-create, review, and update a plan of care with the principal or designate. (See appendix 1 - *Individual Care Plan for Students with Diabetes*) This process should be communicated to parents:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;

- co-create, review, or update the care plan for a student with diabetes with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the plan of care and supporting documentation for each student with a diabetes (See appendix 1 - *Individual Care Plan for Students with Diabetes*);
- provide relevant information from the student's care plan to school staff and others who are identified in the plan of care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parent(s) in medical emergencies, as outlined in the care plan;
- encourage the identification of staff who can support the daily or routine management needs of students in the school diabetes, while honouring the provisions within their collective agreements.
- ensure that the Form entitled, *Authorization for the Administration of Prescribed Medication* is completed and filed appropriately at the school as well (See Appendix 2) as per Policy 7003, *Administration of Prescribed Medication to Pupils*.

c) School Staff

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students with diabetes. School staff are expected to:

- review the contents of the plan of care for any student with whom they have direct contact (See appendix 1 - *Individual Care Plan for Students with Diabetes*);
- participate in training, during the instructional day, on diabetes, at a minimum annually, as required by the school board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the care plan and authorized by the principal in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's care plan;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures (in situations where school board staff already provide supports to students with diabetes, and are already

trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);

- support inclusion by allowing students with diabetes to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their plan of care, while being aware of confidentiality and the dignity of the student;
- enable students with diabetes to participate in school to their full potential, as outlined in their care plan.

d) Parents of Children with Diabetes

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

- educate their child about their diabetes with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition (diabetes) and co-create the plan of care with the principal or the principal's designate (See appendix 1 - *Individual Care Plan for Students with Diabetes*);
- communicate changes to the care plan, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage his/her diabetes, to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's plan of care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the care plan, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- ensure that the Form entitled, *Authorization for the Administration of Prescribed Medication* is completed and filed appropriately at the school as well (See Appendix 2) as per Policy 7003, *Administration of Prescribed Medication to Pupils*.

e) Students with Diabetes

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 Diabetes Care Plan. When able, students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- participate in the development of their Diabetes Care Plan (See appendix 1 - *Individual Care Plan for Students with Diabetes*);
- participate in meetings to review their care plan;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their plan of care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an ongoing basis for self-management of their diabetes, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their diabetes at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

LIABILITY

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services.

Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

- (2) Subsection (1) applies to, ... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

REFERENCES/ SUPPORTING DOCUMENTS

- Ppm No. 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools
- Education Act Section 265- Duties of Principal
- Regulation 298 s20 – Duties of Teachers
- HSCDSB Policy 7003 - *Administration of Prescribed Medication to Pupils*
- Diabetes Canada: *Kids with Diabetes at School*,
<http://www.diabetes.ca/kidsatschool>
- Diabetes Canada: *Guidelines for the Care of Students Living with Diabetes at School*
- Diabetes Canada: *Appendix 1: Individual Care Plan for Students with Diabetes*
- Canadian Paediatric Society: *Low Blood Sugar: What it is and What to Do:*
www.diabetesatschool.ca
- Canadian Paediatric Society: *High Blood Sugar: What it is and What to Do:*
www.diabetesatschool.ca