Greater Essex County District School Board

Title: Health - Student

Category: Policy

Responsibility: Superintendent of Student Well-Being (Safe Schools, Healthy Schools, Mental Health)

Effective Date: June 19, 2018

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Next Review Year: 2023

The Greater Essex County District School Board (GECDSB) believes that schools are to practice and provide safe and consistent measures to address the needs of our students' health. This includes, but is not limited to the administration of medication, prevalent medical conditions*, and concussions.

Our goals are:

- to support students with prevalent medical conditions* to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- to empower students with prevalent medical conditions* as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care;
- to support families in feeling confident that their child is safe at school and during school related activities;
- to administer consistent prescription medication by school staff or by a student who is under the care of a physician. Board employees generally should not be involved with administering consistent prescription medication to students unless it is a specific requirement of their job description or the principal designates the responsibility. For particular students there may be exceptions to this rule.

*As outlined in Policy/Program Memorandum No. 161 (February 28, 2018) *Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in Schools"* prevalent medical conditions are limited to asthma, diabetes, epilepsy, and anaphylaxis, as diagnosed by a medical doctor or a nurse practitioner.

Additionally, GECDSB is guided by legislative requirements as stipulated in but not limited to, Sabrina's Law (2005), Ryan's Law (2015), Rowan's Law (2016) and Ministry Policy/Program Memorandum No. 81 *Provision of Health Support Services in School Settings* (July 19, 1984).

Related Regulations:

Administration of Prescription Medication
Anaphylaxis and Epinephrine Injector
Inhaler for Treatment of Asthma
Diabetes Protocol *new*
Epilepsy *new*
Concussion

Greater Essex County District School Board

Regulation: Diabetes – Student

Reference No: R-AD-60

1.0 Information - Overview of Diabetes (Type 1 or 2) Management

Diabetes is a serious medical condition. Diabetes is a disease in which the body either can't produce insulin or can't properly use the insulin it produces. Insulin is a hormone produced by the pancreas. Insulin's role is to regulate the amount of glucose (sugar) in the blood. Blood sugar must be carefully regulated to ensure that the body functions properly. Too much blood sugar can cause damage to organs, blood vessels, and nerves. The body also needs insulin in order to use sugar for energy. In some cases, diabetes can be managed by diet and exercise and in other cases, insulin is taken.

There are two types of diabetes: Type 1 Diabetes (no insulin produced by the body) and Type 2 Diabetes (limited insulin). Typically, Type 2 diabetes can be managed by controlling diet and/or taking pills. Type 1 Diabetes requires insulin daily by injection or pump. Blood sugar levels vary throughout the day that requires students with diabetes to monitor their levels.

Students with diabetes can experience hypoglycemia (low blood glucose) or more rarely, hyperglycemia (high blood glucose).

Students are diagnosed with diabetes at various stages of their lives. Students are supported to work towards independence in managing their diabetes care in the school setting to the extent that it is appropriate for their cognitive, emotional, social and physical stage of development and their capacity for self-management. The school role is to provide support as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. The ultimate responsibility for diabetes management rests with the family and the student.

This regulation complies with the requirements as set out in PPM 161, "*Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools*".

1.1 Hypoglycemia (Low Blood Glucose)

Hypoglycemia is an emergency situation caused by LOW blood sugar which can develop within minutes of the student appearing healthy and normal.

Mild to moderate hypoglycemia is common in the school setting so knowing the causes, symptoms and treatment of hypoglycemia is prudent. The following chart is a guide:

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	A student who is experiencing hypoglycemia will exhibit some of the following signs: • cold, clammy or sweaty skin • pallor • shakiness, lack of coordination (eg. deterioration in writing or printing skills) • irritability, hostility, and poor behaviour • a staggering gait • the student may complain of nervousness, excessive hunger, headache, blurred vision and dizziness, abdominal pain and nausea. • Eventually fainting, or unconsciousness	It is imperative at the first sign of hypoglycemia sugar is given immediately. Comply with student's Diabetes Plan of Care for specific instructions. Typically, mild/moderate treatment is in the form of one of the following: • Tetra box of juice • 4 DEX4 glucose tabs (15g) • 1 small package of Skittles candy • 2 rolls of Rockets • 1 tbsp or 15ml honey • ¾ cup (150 ml) regular pop • 3 tsp or 3 packets (5 cubes) sugar dissolved in water (*as per CPG 2018)

If the student is hypoglycemic:

a. Do not leave the student alone. Even if students are independent in their diabetes management, they may need some assistance.
b. Treat low blood sugar (hypoglycemia) where it occurs. Do not bring the student to another location. Walking may make blood sugar go even lower.
c. It may take some coaxing to get the student to eat or drink but you must insist. Call the parent/guardian to assist if necessary.
d. If there is no noticeable improvement in symptoms in about 10 to 15 minutes repeat the treatment. When the student's condition improves, he or she should be given solid food. This will usually be in the form of the student's next regular meal or snack. The student's Diabetes Plan of Care will outline specific procedures.
e. Until the student is fully recovered, they should not be left unsupervised. Once the recovery is complete, the student can resume regular class work. If it is decided that the student should go home, it is imperative that a responsible adult accompany them.
f. Parents/guardians should be notified of all incidents of hypoglycemia. Repeated low blood glucose levels are undesirable and should be drawn to the parent's/guardian's attention so that they can discuss the problem with their physician.
g. If unsure whether the student is hypoglycemic, **always give sugar!** A temporary excess of sugar will not harm the student, but hypoglycemia is potentially serious.

Severe Hypoglycemia is not common at school. Students may experience extreme confusion (not knowing where they are). At this point, you may still be able to give the student something by mouth. In cases of severe hypoglycemia, the student may experience seizures and/or become unconscious. Severe hypoglycemia is a medical emergency and **911 should be called immediately**.

Do not give food or drink if the student is unconscious, having a seizure, or unable to swallow. Roll the child on their side and call 911 immediately.

1.2 Hyperglycemia (High Blood Glucose)

Hyperglycemia is HIGH blood sugar. High blood sugar happens when the body has too little insulin or when the body cannot use insulin properly. Hyperglycemia can be caused by not enough insulin, extra food consumed, or decreased activity. Common signs of hyperglycemia are frequent urination, increased thirst, headache, hunger, abdominal pain, blurred vision, warm flushed skin, and/or irritability. (see diabetesatschool.ca) Hyperglycemia can often be treated with increased exercise or limiting the amount of food consumed, as per the student's Diabetes Plan of Care.

The ultimate goal of diabetes management within the school setting is to have the student be independent with his/her care. This independence includes the specific management of diet, activity, insulin and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among people who understand the disease and can provide assistance as needed.

2.0 Roles and Responsibilities

2.1 GECDSB

School boards are expected to:

a. communicate, on an annual basis, the regulations on supporting students with diabetes to parents/guardians, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers);
b. provide training and resources on diabetes to staff on an annual basis, if a student with diabetes attends the school;
c. 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. Safe storage should also include considerations when the student is attending board sponsored activities and traveling to and from such activities. Safe storage of medical supplies, including lancets and insulin pen tips, will be disposed of in adherence to the Health and Safety Management Program (BA-06);
d. communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Diabetes Plan of Care; and,
e. consider this regulation when entering into contracts with transportation, food service, and other providers or field trips.

2.2 Principal

Principals shall promote a supportive learning environment, recognizing the need for an accepting school climate for students with prevalent medical conditions.

Parents/guardians bear responsibility for reporting the prevalent medical conditions to the school.

Secondary schools may wish to explore ways of encouraging and reminding the parents/guardians to do so, particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

Principals shall:

a. clearly communicate to parent/guardian and appropriate staff the process for parent/guardian to notify the school of their child's medical condition(s), as well as the expectation for parent/guardian to co-create, review, and update a Diabetes Plan of Care with the principal or the principal's designate and physician. This process should be communicated to parents/guardians, at a minimum:
    - during the time of registration;
    - each year during the first week of school;
    - when the principal becomes aware of a diagnosis and/or when the child returns to school following the diagnosis;
b. co-create, review, or update the Diabetes Plan of Care for a student with diabetes with the parent(s)/guardian(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
c. provide a copy of the Diabetes Plan of Care to the parent/guardian,
d. establish and maintain a file with the Diabetes Plan of Care and supporting documentation for each student;
e. provide relevant information from the student's Diabetes Plan of Care to school staff and others who are identified in the Diabetes 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;
f. communicate regularly with parent/guardian especially during medical emergencies, as outlined in the Diabetes Plan of Care;
g. encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements;
h. encourage parents/guardians to contact school if their child has diabetes or other medical concerns;
i. provide training for school staff when there is a student with diabetes and maintain a log of when training takes place and which staff participate / complete the training;
j. ensure that the Diabetes Plan of Care is posted in locations that have been agreed upon with parent/guardian or with a student who is eighteen (18) or older;
k. allow students with diabetes to check blood sugar & treat symptoms of hypoglycemia / hyperglycemia wherever and whenever needed (e.g. classroom, gym, etc.); provide private space if preferred by student. Also allow students to carry blood sugar monitoring kit and supplies of fast acting sugar at all times, unless otherwise specified in the student's Diabetes Plan of Care; [specific]
l. 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. This may be in the classroom or as determined in the Diabetes Plan of Care; [specific]
m. provide for suitable supervision for students (where necessary);
n. follow Board procedures (Health and Safety Management Program) for safe disposal of sharps (injection devices), lancets and testing strips; [medication procedure]

o. notify staff, when students leave the school (e.g., field trips), to follow Board procedures (Health and Safety Management Program) for safe disposal of sharps (injection devices), lancets and testing strips; [medication procedure]
p. follow universal precautions for blood and bodily fluid protocol, follow Health and Safety Management Program where applicable; [medication procedure]
q. provide for a secure, accessible and appropriate place to store emergency food supplies (oral glucose, orange juice etc.); [medication procedure]
r. provide opportunities for fast acting sources of sugar to be taken by students anywhere on school property, on buses or during school sanctioned activities; [specific]
s. ensure students eat lunch/snacks at scheduled times and have sufficient time to finish meals; some students may require supervision to ensure they eat lunch/snacks in full; [specific]
t. ensure students with diabetes are allowed to eat additional snacks when needed to treat or avoid hypoglycemia, as outlined in the student's Diabetes Plan of Care; [specific]
u. ensure parents/guardians are notified in advance of any field trips, special events or changes in school routine/schedule, especially when food or additional physical activity involved; [specific]
v. develop and implement procedures to communicate to parents/guardians when new supplies of fast acting sugar are required; [specific]
w. ensure that medications stored in the office will be handled appropriately in the event of a school emergency (e.g. bomb threats, evacuation, fire, “hold and secure”, lockdown) or for activities off school property (e.g. field trip, sporting event). This process should also include considerations for occasional staff; [medication procedure]
x. develop and implement procedures for appropriate school staff to contact parent/guardian/office immediately after treatment of moderate or severe hypoglycemia (low blood glucose) when student is unable to eat or vomits; [specific]
y. ensure that Appendix 1 "Request and Authorization for the Administration of Prescription Medication at School" is completed, if appropriate, by physician; request the completion of a 'consent for release of information' is completed between the school and the attending physician with parental/guardian signature;

aa. ensure that parents/guardians are aware that for PRN (pro re nata) medications, such as nasal glucagon, to be administered, all of the following must be in place:
bb. collaboration with parent(s)/guardian(s) (or student who is eighteen (18) or older) and physician(s)
cc. clear and implementable instructions on the administration of diabetes rescue medication are received from the prescribing and/or treating physician.
dd. the student’s Diabetes Plan of Care is revised to reflect the administration of rescue medication.
ee. the “request and Authorization for the Administration of Prescription Medication at School” is completed by appropriate physician, and
ff. authorized and designated staff receive training in the safe administration of diabetes rescue medication (medication form)
gg. inform bus company that student has diabetes
hh. complete student log if emergency measures i.e., 911 called, are taken.

(emergency procedure)

2.3 School Staff

School staff shall:

a. review the contents of the Diabetes Plan of Care for any student with whom they have direct contact;
b. participate in training, learning about diabetes as needed, and when directed by principal;
c. share information on a student's signs and symptoms with other students, if the parent/guardian (or student over eighteen (18)) gives consent to do so and as outlined in the Diabetes Plan of Care and authorized by the principal in writing;
d. follow strategies to reduce the risk of student exposure to triggers or causative activities in classrooms, common school areas, and extracurricular activities, in accordance with the student's Diabetes Plan of Care;
e. support student's daily or routine management as outlined in their Diabetes Plan of Care, and responding to medical incidents and medical emergencies that occur during school;
f. 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 Diabetes Plan of Care, while being aware of confidentiality and the dignity of the student;
g. enable students with diabetes to participate in school to their full potential, as outlined in their Diabetes Plan of Care;
h. know their role for responding to hypoglycemia episodes and who to contact (e.g., providing fast-acting sugar for treatment of hypoglycemia) as set out in the student's Diabetes Plan of Care; [emergency]
i. know the location of the student's emergency treatment supplies; [emergency]
j. permit the student with diabetes to take action to prevent or treat hypoglycemia (low blood glucose) and allow flexibility in class routine and school rules as required. For example, allow to test blood sugar whenever and wherever needed, access to water and washroom, allow access to extra snacks to treat/avoid hypoglycemia, as outlined in student's Diabetes Plan of Care, or allow extra time to finish snacks/lunch in full;
k. allow the student to appoint a "buddy" to assist with daily management, if appropriate;
l. know the emergency contact procedures (including which school personnel are responsible for contacting parent/guardian and/or emergency services); [emergency]
m. inform parent/guardian, when the supply of fast acting sugar (oral glucose, orange juice, etc.) is running low if it's stored in the classroom; [medication procedure]
n. identify the student with diabetes to occasional teachers, on-call teachers and other appropriate individuals who may interact with that student and include relevant medical information in the red/yellow folders;
o. identify the student to all teachers, support staff, and volunteers who come into the classroom and review the Diabetes Plan of Care;
p. post the Diabetes Plan of Care in the classroom if parent/guardian (or student

eighteen (18) or older) approval is received;

q. develop open lines of communication and encouraging the student to inform staff when he/she feels the first symptoms of hypoglycemia (low blood sugar) or a general feeling of 'unwellness'. Staff should discuss with student how they are to signal that they are experiencing a hypoglycemia episode;
r. prepare with the student for special events such as school trips, parties, athletic activities etc. (specifically have emergency glucose on hand, watch for signs of hypoglycemia). Notify parent/guardian;
s. ensure that the items for blood glucose monitoring and insulin injections are located in a secure and safe place as determined in the Diabetes Plan of Care; [medication procedure]
t. stay with the student if he/she is hypoglycemic/hyperglycemic or “unwell” - DO NOT LEAVE THE STUDENT UNATTENDED; [emergency]
u. ask students to self-identify if they have diabetes and they are going to take part in extra-curricular activities;
v. ensure that students who experience hypo - or hyperglycemia during a test/exam are allowed additional time to treat and recover, or to write the test another day, if needed;
w. recognize that at any time blood sugar is outside target range (low or high), the student's behaviour, learning and participation may be affected;
x. recognize that even students who are independent in their diabetes management may need help sometimes, especially when experiencing hypo - or hyperglycemia; and,
y. administer diabetes rescue medication (PRN – pro re nata) only if authorized and/or designated by principal and trained in the safe administration of diabetes rescue medication. [emergency / medication procedure]

2.4 Parents/Guardians

As primary caregivers of their child (under eighteen (18)), parents/guardians are expected to be active participants in supporting the management of their child’s medical condition(s) while the child is in school. At a minimum, parents/guardians should:

a. educate their child about their medical condition(s) with support from their child’s health care professional, as needed;
b. guide and encourage their child toward self- management and self-advocacy;
c. inform the school of their child’s medical condition(s) and create a Diabetes Plan of Care for their child with the principal or the principal’s designate and physician and child (if appropriate);
d. communicate changes to the Diabetes Plan of Care, such as changes to the status of their child’s medical condition(s); changes to their child’s ability to manage the medical condition(s);
e. confirm annually to the principal or the principal’s designate whether their child’s medical status has changed;
f. initiate and participate in annual meetings to review their child’s Diabetes Plan of Care;
g. indicate to the school the level of independence of their child when managing diabetes in the Diabetes Plan of Care;

h. 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 Diabetes Plan of Care and track the expiration dates if they are supplied. Provide a safe container for blood glucose monitoring items and insulin injection items and medication. Medication should be labeled with the student's name for transport and storage requirements. Provide and maintain a supply of fast-acting sugar, e.g. oral glucose, orange juice, etc. at the school;
i. understand that diabetes rescue medication (PRN – pro re nata), such as nasal glucagon, will only be administered under the following conditions:
    - A signed "Diabetes PRN Medication Administration Plan" is completed with clear and implementable instructions on the administration of diabetes rescue medication from the prescribing and/or treating physician.
    - Student's Diabetes Plan of Care is revised to reflect rescue medication
    - The "Request and Authorization for the Administration of Prescription Medication at School" form is completed by appropriate physician.
    - Authorized and designated staff receive training in the safe administration of diabetes rescue medication.
j. seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
k. inform the principal or the principal's designate changes in their child's health, lifestyle, diabetes procedures, management and emergency contact numbers;
l. notify extra-curricular and the before/after school staff of diagnosis and Diabetes Plan of Care; and,
m. teach their child:
n. the importance of wearing a Medic Alert bracelet or necklace at all times, if they have one,
o. age appropriate understanding of the causes, identification, prevention and treatment of low blood glucose,
p. to recognize the first symptoms of low blood glucose,
q. to communicate clearly to adults/those in authority that they have diabetes and communicate when they are feeling the start of a reaction or a general feeling of "unwell",
r. to be responsible for all treatment apparatus, including its proper disposal,
s. to eat only foods approved by the parent,
t. to take as much responsibility as possible for his/her own safety,
u. to seek medical advice from a medical doctor, nurse practitioner, or pharmacist, when appropriate.

2.5 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 Plan of Care. Students should:

a. participate in the development of their Diabetes Plan of Care;
b. participate in meetings to review their Diabetes Plan of Care, as appropriate;
c. carry out daily or routine self-management of their medical condition to their

full potential, as described in their Diabetes Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies);
d. set goals on an ongoing basis for self-management of their medical conditions, in conjunction with their parent/guardian and health care professionals;
e. communicate with their parent/guardian and school staff if they are facing challenges related to their medical condition(s) at school;
f. wear medical alert identification that they and/or their parent/guardian deems appropriate;
g. if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs;
h. have a developmentally appropriate understanding of diabetes;
i. recognize symptoms of a low blood sugar reaction and can take age-appropriate action to treat the symptoms;
j. take responsibility for proper eating habits;
k. take responsibility for bringing and looking after blood glucose monitoring and insulin injection supplies, including proper disposal according to board practices;
l. take developmentally-appropriate responsibility in providing self-administration of appropriate low blood glucose treatment;
m. take developmentally-appropriate responsibility for treating low blood sugar
n. promptly inform an adult when experiencing symptoms of hypo- or hyperglycemia, or a general feeling of "unwell";
o. take responsibility for advocating for their personal safety and well-being with parents/guardians and school staff, (e.g. private and safe location to provide treatment or notifying extra-curricular staff/coaches);
p. identify a “buddy” to assist with daily management, if applicable or desired; and,
q. set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professional(s).

3.0 Diabetes Plan of Care

A Diabetes Plan of Care is an electronic document that contains individualized information about a student with diabetes which has been developed in consultation with health and education partners. (See Appendix 2)

The Diabetes Plan of Care must contain, at a minimum, the following elements:

a. a current photograph of the student;
b. preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
c. identification of school staff who will have access to the Diabetes Plan of Care
d. identification of routine or daily management activities that will be performed by the student, parent/guardian, or staff volunteer(s), or by an individual authorized by the parent/guardian;
e. a copy of notes and instructions from the student’s health care professional, where applicable;
f. information on daily or routine management accommodation needs of the student

(e.g. space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent/guardian indicate they prefer exclusion;

g. information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g. field trips, overnight excursions, board-sponsored sporting events);
h. identification of symptoms (emergency and other) and response, should a medical incident occur;
i. emergency contact information for the student;
j. clear information on the school board's emergency policy and procedures;
k. details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
    a. parental/guardian permission for the student to carry medication and/or medical supplies,
    b. location of spare medication and supplies stored in the school, where applicable,
    c. information on the safe disposal of medication and medical supplies;
l. requirements for communication between the parent/guardian and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency; and,
m. parental/guardian consent (at the discretion of the parent/guardian) to share information on signs and symptoms with other students.

The Diabetes Plan of Care for a student with diabetes should be co-created, reviewed, and/or updated by the parent/guardian in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year, and as appropriate, during the school year (e.g. when a student has been diagnosed).

Parents/guardians have the authority to designate who is provided access to the Diabetes Plan of Care. With authorization from the parent/guardian, the principal or the principal's designate should share the Diabetes Plan of Care with school staff who are in direct contact with students with diabetes and, as appropriate, others who are in direct contact with students with diabetes (e.g. food service providers, transportation providers, volunteers).

4.0 Daily Management

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with diabetes to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location) as outlined in their Diabetes Plan of Care.

Establish Field Trip / Excursions Procedures

a. Ensure student has all required medication/insulin, blood sugar testing supplies, supply of fast-acting sugar and additional snacks needed for duration of field trip. Teacher or student's parent/guardian (if attending trip) should carry any additional emergency supplies previously agreed to in discussion with parents/guardian.

b. Student should be in the teacher's or own parent/guardian's group.
c. A copy of the Diabetes Plan of Care must accompany the student with diabetes.
d. Require all supervisors, staff, and parents/guardians, to be aware of the identity of the student, the symptoms and treatment.
e. If the risk factors are too great to control, the student with diabetes may be unable to participate in the field trip. Parents/guardians must be involved in this decision.

5.0 Emergency Response

5.1. Medical Emergency Team

Each school will have an identified Medical Emergency Team (MET). This team will, at a minimum, include the principal or the principal's designate, trained first aid staff, secretary and other staff as designated annually. Please refer to the Board Health and Safety Management Program. The MET should:

- have access to the stored Diabetes Plan of Care documents (located in an identifiable location in the office and these documents are to be consulted in the event of medical incident/emergency),
- have access to the locked medication "box" which is identifiable in the office,
- identify the person who will be responsible to monitor/call Emergency Medical Services, when required.

5.1 Establish Emergency Plans

Principals will ensure that every emergency plan includes procedures to:

a. communicate the emergency rapidly to a staff person.
b. telephone 911 and inform the emergency operator that a student is having a major medical incident or medical emergency. Send the Diabetes Plan of Care with the student in the ambulance.
c. ensure that medications stored in the office will be handled appropriately in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event). This process should also include considerations for occasional staff.

Any student with diabetes, who is experiencing a major medical incident or medical emergency, will not be left unattended.

An annual review of the Reporting of Medical Emergencies should be completed by Board Administration and at that time, it should be determined if a review of the "Emergency Response Regulation" needs to be completed.

6.0 Training

Training related to diabetes should be done in conjunction with the Windsor Essex Community Health Centre (Diabetes Wellness) and other community partners with expertise in this area such as the Diabetes Canada. Diabetes Wellness has a school program and will train staff as well as do a classroom presentation. Training should be completed for school staff who have direct contact with students with diabetes. Consideration should be given to

the training needs of Occasional Staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents,
- strategies for supporting inclusion and participation in school,
- recognition of symptoms of a medical incident and a medical emergency,
- information on school staff supports, in accordance with board policy,
- medical incident response and medical emergency response,
- documentation procedures,
- where approved, safe administration of diabetes rescue (PRN – pro re nata) medication

Training for transportation workers is the responsibility of their employers and not the responsibility of the School Board.

Training for before/after school care workers is the responsibility of their employers and not the responsibility of the School Board.

7.0 Safety Considerations

The safety considerations are as follows:

- allow for students to carry their medication(s) and supplies, as outlined in the Diabetes Plan of Care;
- determine the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- support students with diabetes in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event);
- provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

In accordance with the requirement of *the Child, Youth and Family Services Act, 2017 (CYFSA)* where board employees have reason to believe that a child may be in need of protection, board employees must call the Children's Aid Society and file a formal report. (Reference for Regulation)

8.0 Privacy and Confidentiality

School boards must comply with the applicable privacy legislation and obtain parental/guardian consent in the individual Diabetes Plan of Care prior to sharing student health information with school staff or other students. Parents/guardians and school staff should be informed of the measures to protect the confidentiality of students' medical records and information. Refer to Board Regulation on Privacy & Information, P-HR-14, R-HR-14.

9.0 Reporting

Pursuant to Policy/Program Memorandum 161 and subject to relevant privacy legislation, the GECDSB will, develop a process to collect data regularly, including, but not limited to, data

on the number of students with diabetes at their schools. The GECDSB should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. The data will be used as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the *Education Act*, school boards are required to report to the Minister of Education upon implementation and, upon request thereafter, their activities to achieve the expectations outlined in the Policy/Program Memorandum #161, "Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools".

10.0 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.

Appendices:

- Appendix 1 – Request and Authorization for the Administration of Medication at School (Diabetes)
- Appendix 2 –Diabetes Plan of Care (Sample)
- Appendix 3 - Diabetes PRN Medication Administration Plan

Resources:

Diabetes Canada website: Diabetes Fact Sheet

Diabetes at School website: Poster of Hypoglycemia

Diabetes at School website: Poster of Hyperglycemia

Printable resources and short animated training videos also available at diabetesatschool.ca

Administration of Prescription Medication
Greater Essex County District School Board
Appendix 1

Request and Authorization for the Administration of Prescription Medication at School

I request that _____ ensures that _____ _____ receives the medication
(school) (Name of Student) (DOB)
prescribed by: _____ as attached.

Notes: 1. The medication provided must be provided in the **ORIGINAL** prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, and the student's name.
Prescription Number: _____

2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.

3. It is understood that every attempt will be made to administer the medication at the requested time.

On behalf of _____ and myself, I hereby **RELEASE THE BOARD,**
Name of Student
its agents, officers, officials and employees from any and all liability and from any and all actions, causes of actions, claims and demands of any nature arising out of or in any way related to the dispensing of the medication referred to herein by the said Board, its agents, officers, officials or employees.

Date: _____ Signed _____
(parent/guardian/student [if not a minor])

Personal information on this form is collected under the authority of Board policy and will be used by school staff for the purpose of distributing medication as directed above. Questions about this collection may be directed to Board at 519 255-3200.

TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian:

Medication/Dosage/Method of Administration/Frequency: _____

Indications for Administration: _____

Special Instructions:_____

Is student competent to use the medication independently? YES ☐ NO ☐

Period of Authorization: From: _____ To:_____

Prescribing Physician's Name: _____

Address: _____ Telephone Number: _____

Date: _____ Signed: _____
Prescribing Physician

Note: This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.

O.S.R.

Diabetes – Plan of Care
Appendix 2

(To be completed electronically)

Student Photo

Student Information

Student Name: _____

Grade: _____

Teacher(s): _____

Emergency Contacts (List in Priority)

Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			
3.			

SAMPLE

Daily /Routine Diabetes

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 four (4) – Emergency Procedures

Routine	Action
Blood Glucose Monitoring ☐ Student requires trained individual to check BG/read meter. ☐ Student needs supervision to check BG/read meter. ☐ Student can independently check BG/ read meter. ☐ Student has continuous glucose monitor (CGM) *Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.	Target Blood Glucose Range: Time(s) to check BG: Contact parent/Guardian if BG is: Parent/Guardian responsibilities: School Responsibilities: Student Responsibilities:

Routine	Action (Continued)
Nutrition Breaks ☐ Student requires supervision during mealtimes to ensure completion. ☐ Student can independently manage they're food intake. *Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Student should not trade or share food/snacks with other students.	Recommended time(s) for meals/snacks: Parent/Guardian responsibilities: School responsibilities: Student responsibilities: Special instruction for meal days/special events:

Insulin	**Location of Insulin:** _____
☐ Student does not take insulin at school. Student take insulin at school by: ☐ Injection ☐ Pump Insulin is given by: ☐ Student ☐ Student with supervision ☐ Parent/Guardian ☐ Trained individual *All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.	Required time for insulin: ☐ Before school ☐ Morning break ☐ Lunch break ☐ Afternoon break ☐ Other (specify): Parent/Guardian responsibilities: School responsibilities: Student responsibilities: Additional comments:

SAMPLE

Routine	Action (Continued)
Activity Plan Physical activity lowers blood glucose, BG is often check before activity. Carbohydrates may need to be eating before /after physical activity. A source of fast-acting sugar must always be within students' reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: _____ 2. During activity: _____ 3. After Activity: _____ Parent/Guardian responsibility: School responsibility: Student responsibility: For special event, notify parent/guardian in advance so that appropriate adjustment can be made (e.g. extra curricular, Terry Fox Run)
Diabetes Management Kit Parent/guardian must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parent/guardian when supplies are low.	Kits (red lunch bad) will include: ☐ Blood Glucose meter, BG test strips, and lancets. ☐ Insulin and insulin pen and supplies. ☐ Source of fast-acting sugar (e.g. juice, candy, glucose tabs). ☐ Carbohydrate containing snacks. ☐ Other: _____ Location of Kit: _____
Special needs A student with special considerations may require more assistance than outlined in this plan.	Comments:

SAMPLE

Emergency Procedure

Hypoglycemia – Low Blood Glucose (4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- ☐ Shaky
- ☐ Irritable/Grouch
- ☐ Dizzy
- ☐ Trembling
- ☐ Blurred vision
- ☐ Headache
- ☐ Hungry
- ☐ Weak/Fatigue
- ☐ Pale
- ☐ Cold, clammy, sweaty
- ☐ Other: _____

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give ____ grams of fast acting carbohydrate (e.g. 1.2 cups 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 911. Do not give food or drink (choking hazard). Supervise student until emergency medical personal arrives.
3. Contact Parent/Guardian or emergency contact.

Hyperglycemia – High Blood Glucose (14 mmol/L or above)

Usual symptoms of hyperglycemia for my child are:

- ☐ Extreme Thirst
- ☐ Frequent Urination
- ☐ Headache
- ☐ Hungry
- ☐ Abdominal Pain
- ☐ Blurred Vision
- ☐ Warm, Flushed Skin
- ☐ Irritability
- ☐ 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/guardian immediately)

- ☐ Rapid, shallow breathing
- ☐ Vomiting
- ☐ Fruity Breath

Steps to take for Severe Hyperglycemia

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

SAMPLE

Authorization / Plan Review

Individuals with whom Diabetes Plan of Care is to be shared with:

1. _____ 2. _____

3. _____ 4. _____

Other individuals to be contacted regarding Diabetes- Plan of Care

- ☐ Before School Program
- ☐ After School Program
- ☐ School Bus Driver/ Route # (if applicable)
- ☐ Other: _____

This plan remains in effect for the _____ school year without change and will be renewed on or before: _____

It is the responsibility of the parent/guardian to notify the principal if there is a need to change the Diabetes – Plan of Care during the school year.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

_____ _____

Principal Signature Date

SAMPLE

Appendix 3

Diabetes Medication Administration Plan

Student Name: _____

D.O.B. _____

If _____ experiences low blood sugar and becomes unconsciousness at school:

Administration of Medication:

1. If _____ is exhibiting signs of low blood sugar and becomes unconscious it is a medical emergency. **Administer hyperglycemic medication:** _____ **(*insert medication and amount*)**
2. If the hyperglycemic medication is administered, school will call 911.
3. School will contact parents or designated emergency contact after calling 911.

Parent Responsibilities:

4. Parent will supply the school with the necessary quantity of the rescue medication. Parents have indicated _____ will keep this _____
   Student Name (specify location of rescue medication eg.,on her person in her bag she wears around her body.)
5. Parent will complete the Board's form: Request and Authorization for the Administration of Prescription Medication at School Form.
6. Parent will advise the School if there is a change to _____ 's symptoms. Parent will advise the School if there is a change to medication or medical intervention. Parent agrees and understands that this "Administration of Medication Plan" may not apply should the student's recommended medication and medical intervention change.
7. Parent agrees to provide consent for the school to speak with _____ 's treating physician should the parent request a change to the plan set out above.
8. Parent acknowledges and agrees that School staff are not medical or health practitioners and do not have expertise to evaluate a student's medical condition.

_____	_____	_____
Parent Name (print)	Parent Signature	Date
_____	_____	_____
Parent Name (print)	Parent Signature	Date